

RECEIVED

APR 23 2018

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

IDWR / NORTH

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
95-16822	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: SALLY CROSS Living Trust
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): LARRY CROSS
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

900 W AVE L CALIMESA CA 92520
Mailing address City State ZIP
909 795 6331 elelectrik@verizon.net
Telephone Email

4. If the water rights and/or adjudication claims were split, how did the division occur?
- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
- ☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: 1/11/18

6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:

- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
- If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
- New lessor(s) of record will receive payment after the following rental season.

7. This form must be signed and submitted with the following **REQUIRED** items:

- A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
- Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
- Filing fee (see instructions for further explanation):
 - \$25 per *undivided* water right.
 - \$100 per *split* water right.
 - No fee is required for pending adjudication claims.**

8. Signature: [Signature] 4/23/18
Signature of new owner/claimant Title, if applicable Date

Signature: _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by N/A Date N/A Receipt No. N/A Receipt Amt. N/A
Approved by [Signature] Processed by [Signature] Date 5-18-2018

COPY

Simple Shared Well Agreement

Simple shared well agreement

Simple shared well agreement Between Scott Stephens and Sally Cross

Scott Stephens property located at 1354 Silver Beach Road Coeur d' Alene Idaho

Sally Cross property located at 1356 Silver Beach Road Coeur d' Alene Idaho

Both Parties agree the water well located on the property of Mr. Stephens is a shared well with both party's being equal shareholders, entitled to equal amounts of the water produced by the well.

Each party agrees that joint well maintenance expenses will be shared equally with regards to the main Well,

Well pump and its accessories, Also the cost of electricity will be charged proportional to each property's watering requirements, Currently the main well pump electrical service is supplied by Sally Cross, sub metering will need to be installed to monitor usage by each party to determine monthly reimbursement amounts, Or other arrangements could be made in writing between Mr. Stephens And Mrs. Cross to avoid metering costs.

To be discussed at a later date.

At this time we share a water reservoir and this does not supply enough capacity for both houses

The recommendations by United pump of CDA have been considered. And are as follows
Installation of an additional underground water storage tank 2100 gallon in size, the new tank to be installed on Sally's property as approved by

Panhandle health districts (Nathan church) in the email dated 06/16/2015 describing the approved location.

With flow restrictors installed on each line allowing equal distribution of the water wells output into each reservoir.

The pump in the existing storage tank serving Sally Cross would need to be relocated into the new storage tank.

Along with associated plumbing and electrical.

After the installation is complete it will be each individuals responsibility to maintain their own storage tank along with each tanks equipment.

The main well equipment will remain an equally shared responsibility and asset.

Estimated cost for installation supplied by united pump is about 20,000.00 dollars and the contact person is

Chris Agueros, The estimate from Chris Has been accepted without the excavation portion,
Contact phone # 208-699-7867

Sally Cross will pay all costs related to this installation proposed by United Crown Pump and drilling.

To United Crown.

And will also pay Mr. Stephens for the excavation portion a reasonable amount similar to the excavation portion

Estimated by United Crown, as Mr. Stephens will be responsible for this portion of the project.

Authored by

Larry Cross 909-239-7271 cell. 900 West Avenue L Calimesa Ca. 92320
elelectric@verizon.net

Thank you

Sally Cross

Larry Cross

Accepted by all party's on this 2nd day of September 2015

Signed below by

Scott Stephens

Scott Stephens

Sally Cross

Sally Cross

Witnessed By

Dated

9/13/17

SEE ATTACHED LEGAL DESCRIPTION :

STATE OF Idaho

)
) ss.
)

COUNTY OF Kootenai

On this 13 day of September, in the year of 2017, before me, the undersigned, a Notary Public in and for said State, personally appeared Scott Stephens and Sally Cross, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Debbie K. Matthews

Notary Public in and for said State

Residing at:

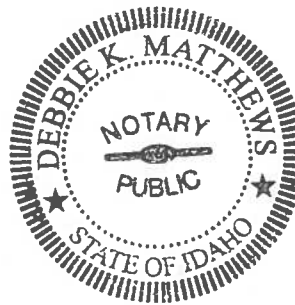
Coeur d'Alene

Commission Expires:

4/1/2023

Individual Notary Acknowledgment

Notary Acknowledgement Attached to Well Agreement Document



ATTACHED LEGAL DESCRIPTION:

SHARED WELL AGREEMENT
LEGAL FOR TWO PARCELS
SALLY CROSS & SCOTT STEPHENS

50N03W205900

ADMINISTRATIVE INFORMATION

PARCEL NUMBER
50N03W205900
Parent Parcel Number
Property Address
1356 S SILVER BEACH RD
Neighborhood
6460 TWP 50N03W IN DIST 6
Property Class
534 534- Imp res rural tract
TAXING DISTRICT INFORMATION
Jurisdiction 28
Area 001

SALLY CROSS LIVING TRUST

1356 S SILVER BEACH RD

Tax ID 129175

OWNERSHIP
SALLY CROSS LIVING TRUST
910 W L AVE
CALIMESA, CA 92320
TAX #9157 (KNOWN AS LT 7 BLK B SILVER BEACH TERRACE)
20 50N 03W

TRANSFER OF OWNERSHIP
Date
01/01/2010 E L & SALLY CROSS REVOCABLE INTER VI
11/09/2009 CORCORAN JOHN T ETUX
11/15/2004 STEPHENS, SCOTT H ETUX

Doc # : 2279023
Doc # : 2240107
Doc # : 1912935

RESIDENTIAL

VALUATION RECORD

50N03W205910

ADMINISTRATIVE INFORMATION

PARCEL NUMBER
50N03W205910
Parent Parcel Number
Property Address
1354 S SILVER BEACH RD
Neighborhood
6460 TWP 50N03W IN DIST 6
Property Class
534 534- Imp res rural tract
TAXING DISTRICT INFORMATION
Jurisdiction 28
Area 001

STEPHENS SCOTT

1354 S SILVER BEACH RD

Tax ID 103552

OWNERSHIP
STEPHENS SCOTT
STEPHENS CAROL
1354 S SILVER BEACH RD
COEUR D ALENE, ID 83814
TX #8327 (KNOWN AS LT 5 BLK B SILVER BEACH TERRACE)
20 50N 03W

TRANSFER OF OWNERSHIP
Date
01/01/2017 STEPHENS SCOTT ETUX

Doc # : 1857774 SEE AS9

RESIDENTIAL

VALUATION RECORD

RECORDING FEE: \$15.00

DD

WARRANTY DEED

FOR VALUE RECEIVED, Cathy Lynn Zimov and Larry Elmer Cross, as successor trustees of the Sally Cross Living Trust, the Grantors, do hereby grant, bargain, sell and convey unto Larry Elmer Cross, the Grantee, whose current address is 900 West Avenue "L", Calimesa, California 92320, the property described on the attached page.

To have and to hold that property with its appurtenances unto the Grantee, his heirs and assigns forever. And the Grantors do hereby covenant to and with the Grantee, that they are the owners in fee simple of said premises, and that those premises are free from all encumbrances except those of record.

DATED this 11 day of January, 2018.


LARRY ELMER CROSS
as successor trustee of
The Sally Cross Living Trust

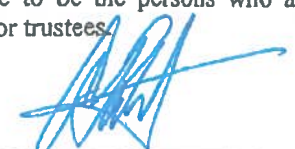

CATHY LYNN ZIMOV
as successor trustee of
The Sally Cross Living Trust

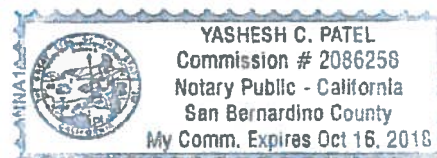
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

) ss.
COUNTY OF SAN BERNARDINO

Subscribed and sworn to (or affirmed) before me on this 11 day of January, 2018, by Larry Elmer Cross and Cathy Lynn Zimov, as successor Trustees of The Sally Cross Living Trust, proved to me on the basis of satisfactory evidence to be the persons who appeared before me, and they acknowledged that they executed this deed as successor trustees.


Notary Public in and for said State



THIS CERTIFICATE MUST BE A PART OF OR
ATTACHED TO THE DOCUMENT
DESCRIBED AT RIGHT:

Title or Type of Document:
Number of pages: _____
Date of Document: _____, 2018
Signer(s) Other than Named Above:

A tract of land located in the Southwest Quarter of Section 20, Township 50 North, Range 3 West, Boise Meridian, Kootenai County, State of Idaho, described as follows:

BEGINNING at the West Quarter corner of Section 20, Township 50 North, Range 3 West, Boise Meridian; thence

East 404.55 feet; thence

South 1415.08 feet to an iron pipe; thence

North 50°18' East, 507.18 feet to an iron pipe; thence

South 39°42' East, 170.0 feet to a point on the side hill of solid rock and the TRUE POINT OF BEGINNING; thence

South 39°42' East, 85.0 feet to an iron pipe; thence

South 50°18' West, 120.0 feet to an iron pipe; thence

North 39°42' West, 85.0 feet to an iron pipe; thence

North 50°18' East, 120.0 feet to the TRUE POINT OF BEGINNING.



THIS DRAWING IS TO BE USED FOR REFERENCE PURPOSES ONLY. THE COUNTY IS NOT RESPONSIBLE FOR ANY INACCURACIES CONTAINED HEREIN.

Map Revisions

06201719-35
06201719-36
06201719-37
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Notes:

FIGURE 1 has been cited by the use of more than sufficient information has been available. Area shown is the Aurore Area, it is a highway, where possible, has been indicated. The location of the area is shown in the map. The location of the area is shown in the map. The location of the area is shown in the map.

Parcel Identification Number (PIN) are composed as follows:
Pin14: Sub-code and Parcel No. = C-110 and 0214106-C
Parcel PIN = C-110-0214106-C or C-110214106-C

Unrelated TysR262- and Peral Ide. ex. 70433A-16 and 7050. Resulting FBI = 53433A-16-7050 of 70433A167050

Legend

□ TaxParcels

■ Private Roads

Parcel ID# (PIN) LegalAddress Plat Boundaries GCDB_Corners City Limits

 Road RW
 Railroad
 GCDB_Lines

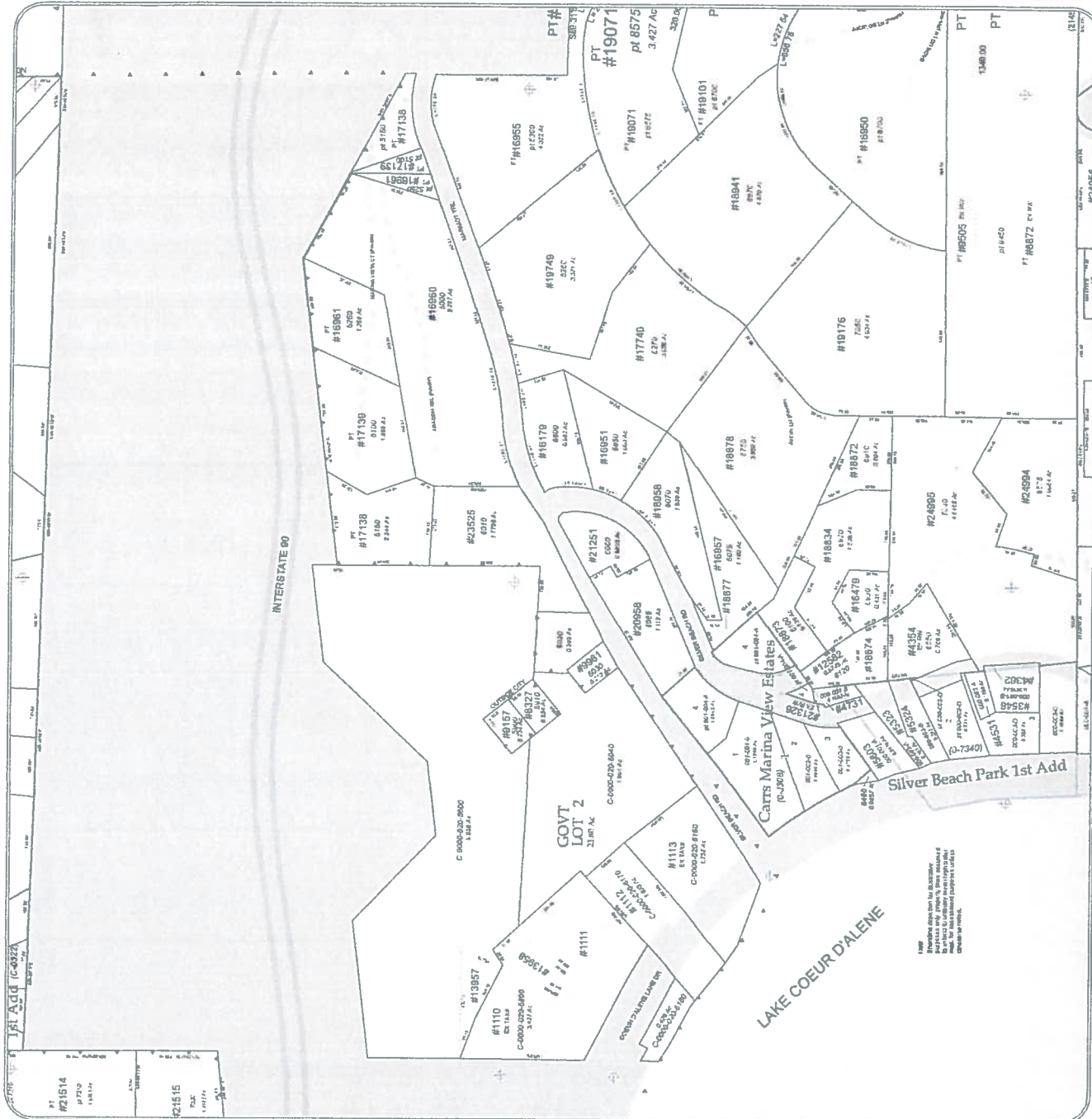
Figure 1. The effect of the number of iterations on the accuracy of the proposed algorithm. The accuracy of the proposed algorithm increases with the number of iterations. The accuracy of the proposed algorithm is 100% when the number of iterations is 1000.

A 93

part number: 50N03W20SW

Maptile: 50N03W20SW

SW Sec. 20 Twp 50 N. R. 3 W. B. M.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052017247455

CERTIFICATE OF DEATH

3201733014789

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SALLY		2. MIDDLE MAE		3. LAST (Family) CROSS	
AKA, ALIAS KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) ---		4. DATE OF BIRTH mm/dd/yyyy 04/01/1931		5. AGE Yrs. 86	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK	
12. MARITAL STATUS/SROP* (as Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 12/12/2017		8. HOUR (24 Hours) 0330	
13. EDUCATION - Highest Level Degree (See worksheet on back) HS GRADUATE ☐ YES ☒ NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOME MAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION -	
20. DECEDENT'S RESIDENCE (Street and number, or location) 910 WEST AVENUE L					
21. CITY CALIMESA		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92320	
24. YEARS IN COUNTY 10		25. STATE, FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LARRY CROSS, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 900 WEST AVENUE L, CALIMESA, CA 92320			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST LUTHER		32. MIDDLE -		33. LAST BROWN	
34. BIRTH STATE UNK		35. NAME OF MOTHER/PARENT - FIRST CORA		36. MIDDLE -	
37. LAST (BIRTH NAME) WYELLS		38. BIRTH STATE UNK		39. DISPOSITION DATE mm/dd/yyyy 12/19/2017	
40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518		41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT ACCORD CREMATION & BURIAL SERVICES		45. LICENSE NUMBER FD1591	
46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		47. DATE mm/dd/yyyy 12/13/2017		48. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Home ☒ Other	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE ☐ IP ☐ ER/ICP ☐ DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Home ☒ Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION, WHERE FOUND (Street and number, or location) 910 WEST AVENUE L		106. CITY CALIMESA	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) LEUKEMIA (B) (C) (D) SEQUENTIALLY LIST conditions, if any, leading to cause on Line A, Enter UNDERLYING CAUSE (Immediate or Primary) that indicated the events resulting in death (LAST)		108. TIME INTERVAL BETWEEN Onset and Death (AT) MOS (BT) (CT) (DT) 109. DEATH REPORTED TO CORNER? ☒ YES ☐ NO 110. BIOPSY PERFORMED? ☐ YES ☒ NO 111. AUTOPSY PERFORMED? ☐ YES ☒ NO 112. USED IN DETERMINING CAUSE? ☐ YES ☒ NO		113. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Deceased: Attended Since: Deceased Last Seen Alive: 115. SIGNATURE AND TITLE OF CERTIFIER REGAN S. DOUTY, DO 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE REGAN S. DOUTY, DO 2 WEST FERN AVENUE, REDLANDS, CA 92373 117. LICENSE NUMBER 20A7064 118. DATE mm/dd/yyyy 12/13/2017					
119. I CERTIFY THAT IN MY OPINION, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH ☐ Natural ☐ Accidental ☐ Homicide ☐ Suicide ☐ Pending (Investigation) ☐ Could not be determined 120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours) 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/yyyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

* 001562550 *

DATE ISSUED Dec 21, 2017 1/2

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.

PUNO REV 12/16



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3052017247455

STATE FILE NUMBER

1.1

3201733014789

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST SALLY		1B. MIDDLE MAE		1C. LAST CROSS	
	2. SEX F	3. DATE OF EVENT—MM/DD/CCYY 12/12/2017		4. CITY OF EVENT CALIMESA		5. COUNTY OF EVENT RIVERSIDE
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD LUTHER - BROWN			7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD CORA - WYELLS		

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
	10		

REASON FOR CORRECTION	11. NEED TO CORRECT SOCIAL SECURITY
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AFFIDAVITS AND SIGNATURES TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
	12A. SIGNATURE OF FIRST PERSON REIGN ORTEGA	12B. PRINTED NAME REIGN ORTEGA	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL COUNSELOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 27183 EAST 5TH STREET, HIGHLAND, CA 92346	12E. DATE SIGNED—MM/DD/CCYY 12/19/2017	
	13A. SIGNATURE OF SECOND PERSON JEFFREY JONES	13B. PRINTED NAME JEFFREY JONES	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 535 W. LAMBERT RD., BREA, CA 92821		13E. DATE SIGNED—MM/DD/CCYY 12/19/2017
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS		15. DATE ACCEPTED FOR REGISTRATION 12/19/2017

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24e (REV. 1/08)

1.1

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.



001562549

DATE ISSUED Dec 21, 2017 2/2

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.





State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

May 18, 2018

LARRY ELMER CROSS
900 W AVE L
CALIMESA CA 92320

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-16822

Dear Mr. Cross:

We have processed your change of ownership request on the Notice of Claim to a Water Right Number(s) listed above. Enclosed is a copy of the claim showing such change; for your records. Also, this information can be accessed on our website at www.idwr.idaho.gov.

Sincerely,

A handwritten signature in black ink that reads "Dawn R. Lenon". The signature is written in a cursive, flowing style.

Dawn R. Lenon
Technical Records Specialist I

Enclosure(s) Notice of Claim 95-16822