

RECEIVEDSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**MAY 21 2018****Notice of Change in Water Right Ownership****IDWR/NORTHERN**

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?
95-10576	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: KENNETH MASTERENKO AND/OR JAMES MASTERENKO
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): KENNETH MASTERENKO
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 5312 E WILDLIFE TRL HAYDEN ID 83835
Mailing address City State ZIP
- (208) 762-4157 kenneth_j007@yahoo.com
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: 06/17/2016
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: Kenneth J. Masterenko OWNER Mon. 21 May 2018
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 5-22-2018

SCANNED
MAY 22 2018

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH

3201631001771

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) JAMES		3. LAST (Family) MASTERENKO	
2. MIDDLE ROBERT		4. DATE OF BIRTH mm/dd/yyyy 12/25/1936	
5. AGE Yrs. 79		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY NY		8. DATE OF DEATH mm/dd/yyyy 06/17/2016	
9. SOCIAL SECURITY NUMBER [REDACTED]		10. HOURS (24 Hours) 0029	
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK		12. MARRIED STATUS/GRIP (at Time of Death) MARRIED	
13. EDUCATION—(Highest Level/Original) SOME COLLEGE		14. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) RUSSIAN	
15. US WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED GENERAL CONTRACTOR		18. YEARS IN OCCUPATION 40	
19. DECEDENT'S RESIDENCE (Street and number, or location) 1232 DAPPLE DAWN LANE			
20. CITY LINCOLN		21. COUNTY/PROVINCE PLACER	
22. ZIP CODE 95648		23. YEARS IN COUNTY 16	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP EVELYN MASTERENKO, SPOUSE	
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1232 DAPPLE DAWN LANE, LINCOLN, CA 95648		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1232 DAPPLE DAWN LANE, LINCOLN, CA 95648	
28. NAME OF SURVIVING SPOUSE/GRIP—FIRST EVELYN		29. MIDDLE DOLORES	
30. LAST (BIRTH NAME) HOGG		31. NAME OF FATHER/PARENT—FIRST ALEXANDER	
32. MIDDLE -		33. LAST MASTERENKO	
34. BIRTH STATE UKRAINE		35. NAME OF MOTHER/PARENT—FIRST KATHERINE	
36. MIDDLE -		37. LAST (BIRTH NAME) PANCEROFF	
38. BIRTH STATE UKRAINE		39. DISPOSITION DATE mm/dd/yyyy 06/21/2016	
40. PLACE OF FINAL DISPOSITION RESIDENCE OF EVELYN MASTERENKO		41. TYPE OF DISPOSITION(S) CR/RES	
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT BLUE OAKS CREMATION AND BURIAL SERVICES		45. LICENSE NUMBER FD1987	
46. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD		47. DATE mm/dd/yyyy 06/21/2016	
101. PLACE OF DEATH SUTTER ROSEVILLE MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE ☒ P ☐ EP ☐ DOA ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other	
103. CITY ROSEVILLE		104. COUNTY PLACER	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1 MEDICAL PLAZA DR		106. CITY ROSEVILLE	
107. CAUSE OF DEATH INTRACRANIAL HEMORRHAGE - TRAUMATIC		108. TIME INTERVAL BETWEEN ONSET AND DEATH 1706085	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) INTRACRANIAL HEMORRHAGE - TRAUMATIC		110. BIOPSY PERFORMED? ☐ YES ☒ NO	
111. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE ON LINE A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST COAGULOPATHY, CARDIOMYOPATHY, HYPERTENSION		112. AUTOPSY PERFORMED? ☐ YES ☒ NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 COAGULOPATHY, CARDIOMYOPATHY, HYPERTENSION		114. USED IN DETERMINING CAUSE? ☐ YES ☐ NO	
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) -		116. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK	
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 06/16/2016		118. SIGNATURE AND TITLE OF CERTIFIER VINAMRA KUMAR JAIN M.D.	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE VINAMRA KUMAR JAIN M.D.		120. LICENSE NUMBER A130426	
121. DATE mm/dd/yyyy 06/20/2016		122. DATE mm/dd/yyyy 06/20/2016	
123. MANNER OF DEATH ☐ Natural ☒ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined		124. INJURED AT WORK? ☐ YES ☒ NO ☐ UNK	
125. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) RESIDENCE		126. INJURY DATE mm/dd/yyyy 06/16/2016	
127. HOUR (24 Hours) UNK		128. SIGNATURE OF CORONER / DEPUTY CORONER STEPHEN E SCHAFER	
129. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) DECEDENT SUFFERED A WITNESSED FALL		130. LOCATION OF INJURY (Street and number, or location, and city and zip) 1232 DAPPLE DAWN LN, LINCOLN, CA 95648	
131. SIGNATURE OF CORONER / DEPUTY CORONER STEPHEN E SCHAFER		132. DATE mm/dd/yyyy 06/20/2016	
133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER STEPHEN E SCHAFER, DEPUTY CORONER		134. STATE REGISTRAR A B C D E	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

06/24/2016

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SCANNED
MAY 22 2018

CAPLACERO1





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 22, 2018

KENNETH MASTERENKO
5312 E WILDLIFE TRL
HAYDEN ID 83835

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-10576

Dear Claimant:

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,

Dawn R. Lenon
Technical Records Specialist 1

Enclosure(s) Notice of Claim 95-10576

SCANNED

MAY 22 2018