

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

APR 24 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. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #6 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
95-16304	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Ruth E. Langston
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Barbara S Carpenter
New owner(s) as listed on the conveyance document

P.O. Box 133

Mailing address

208-437-2633

Telephone

Blanchard

City

Name connector ☒ and ☐ or ☐ and/or

Id

State

83804

ZIP

beckcarpenter@frontier.com

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: 7-17-12

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed IRS Form W-9 for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed Lessor Designation form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

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):

o \$25 per undivided water right.

o \$100 per split water right.

o No fee is required for pending adjudication claims.

☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.

☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Barbara A. Carpenter Title, if applicable: _____ Date: 4-24-18

Signature of new owner/claimant

Title, if applicable

Date

Signature: _____ Title, if applicable: _____ Date: _____

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

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐

Name on W-9 Barbara A. Carpenter Approved by [Signature] Processed by [Signature] Date 5-23-2018

COPY

CATHERINE L. DULLEA, CHTD.
Attorney at Law
101 N. Fourth Avenue, Suite 204
Sandpoint, Idaho 83864
PHONE: (208) 265-2276
FAX: (208) 265-1556

QUITCLAIM DEED

FOR VALUE RECEIVED, RUTH E. LANGSTON, a widow, does hereby CONVEY, RELEASE, REMISE and forever QUITCLAIM unto RUTH E. LANGSTON, a widow, and BARBARA S. CARPENTER, a married woman as her sole and separate property, whose current address is P.O. Box 117, Blanchard, ID 83804, the following described real property:

Lot 1 in Block 2 of Spirit Valley Farms, according to the plat thereof, recorded in Book 3 of Plats, Page 125, records of Bonner County, Idaho.

TOGETHER WITH its appurtenances and after acquired title.

DATED this 17 day of July, 2012.

Ruth E. Langston
RUTH E. LANGSTON

STATE OF IDAHO)
) ss.
County of Bonner)

This day personally appeared before me, the undersigned Notary Public, RUTH E. LANGSTON, known to me to be the person whose signature is subscribed to the within instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17 day of July, 2012.



Michelle D. Carter
Notary Public
Residing at: Sandpoint
Comm. Exps: 10/6/14

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed DECEMBER 31, 2015

State File No. 2015-12767

DECEDENT - LEGAL NAME RUTH EVELYN LANGSTON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 94 YEARS	DATE OF BIRTH MAY 18, 1921
BIRTHPLACE DOVER, MISSOURI		PLACE OF RESIDENCE BLANCHARD, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (If wife, maiden name) 	
FATHER - NAME RUBEN GILMORE		BIRTHPLACE MISSOURI	
MOTHER - MAIDEN NAME HATTIE FENTON		BIRTHPLACE MISSOURI	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE ROGER P. ARGO	
NAME AND ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL, INC., COEUR D'ALENE, IDAHO			
DATE OF DEATH DEC. 23, 2015	TIME OF DEATH 1:00 P.M.	CITY, TOWN OR LOCATION OF DEATH BLANCHARD, IDAHO	COUNTY OF DEATH BONNER
CAUSE OF DEATH (underlying cause last) a. INFECTIOUS COLITIS			Approximate Interval Between Onset and Death 3 MONTHS
b. 			
c. 			
d. 			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER JEFFERY B. FOWLER, D.O.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY 			
EXTERNAL CAUSES ONLY			
DATE OF INJURY 	TIME OF INJURY 	PLACE OF INJURY 	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED 			
DESCRIPTION OF HOW INJURY OCCURRED 			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DECEMBER 31, 2015

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

PINCOI(704) 05/12



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 23, 2018

BARBARA S CARPENTER
PO BOX 133
BLANCHARD ID 83804

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-16304

Dear Ms. Carpenter:

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 1

Enclosure(s) Notice of Claim 95-16304