

CHANGE IN ADDRESS OF NOTICE OF CLAIM

Adjudication Claim Number(s): 95-9850, 95-9709, 95-13912

Previous Mailing Address:

Shanna Gary
321 Signe Ross Court
Lake Bluff IL 60044

New Mailing Address:

Estate of Shanna Gary
% Drinker Biddle & Reith LLP
191 N. Wacker Drive Ste 3700

Telephone Number:

(312) 569-1517 Chicago IL 60606-1698

Signature(s) of all Claimant(s):

Hadley Gary

Print your name below your signature.

Please mail or FAX this completed form to the office nearest you:

Adjudication Section
Idaho Department of Water Resources
7600 N. Mineral Dr., Ste. 100
Coeur d'Alene, ID 83815-7763
Phone 208-762-2800
FAX 208-762-2819

Adjudication Section
Idaho Department of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Phone 208-334-2190
FAX 208-334-2348

Adjudication Section
Idaho Department of Water Resources
650 Addison Ave. W, Ste. 500
Twin Falls, ID 83301-5858
Phone 208-736-3033
FAX 208-736-3037

Adjudication Section
Idaho Department of Water Resources
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402-3653
Phone 208-525-7161
FAX 208-525-7177

Adjudication Section
Idaho Department of Water Resources
322 E. Front St.
P.O. Box 83720
Boise, ID 83720-0098
Phone 208-287-4800
FAX 208-287-6700

IDWR Use Only

Revised 02/14

Data Entry:

JP

Date:

5-24-18

**COPY**STATE OF IDAHO
COUNTY OF KOOTENAI } SS
FILED:

2018 JAN 23 PM 3:00

CLERK DISTRICT COURT

OFFICE

Scott L. Poorman, ISB #4701
 SCOTT L. POORMAN, P.C.
 320 E. Neider Ave., Suite 204
 Coeur d'Alene, ID 83815
 Telephone: (208) 772-6800
 Facsimile: (208) 772-6811
 Email: office@poormanlegal.com

Attorney for Foreign Personal Representative

JIM BRANNON 8 P 2628987000
 KOOTENAI COUNTY RECORDER
 CMK Date 01/23/2018 3:10 PM
 REQ OF SCOTT POORMAN PC

RECORDING FEE: \$31.00

XX



IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT
 OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF KOOTENAI

In the Matter of the Estate of

SHANNA F. GARY,

Deceased.

Case No. CV 18-

808

PROOF OF AUTHORITY OF
 DOMICILIARY FOREIGN
 PERSONAL REPRESENTATIVE

I.C. 15-4-204

The undersigned, as domiciliary foreign personal representative of the estate of the above-named decedent, states and represents that:

1. The decedent, SHANNA F. GARY, died on September 2, 2017, as a resident of Lake County, State of Illinois.
2. At the time of her death, the decedent owned an interest in real property located in Kootenai County, Idaho.
3. On October 19, 2017, Hadley Gary was duly appointed as an Independent Administrator of the estate of the decedent by the Circuit Court of the Nineteenth Judicial Circuit in Lake County, Illinois. Authenticated copies of the **Order Appointing Representative of Decedent's Estate** and **Letters of Office** appointing Hadley Gary as Independent Administrator are attached hereto.

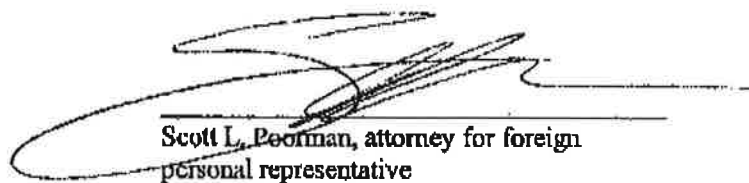
JAMES COMBO

Proof of Authority of Domiciliary Foreign Personal Representative

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4. There is no administration of the decedent's estate, or application or petition for such administration, now pending in the State of Idaho.
5. This Proof of Authority is filed pursuant to the Idaho Uniform Probate Code to enable the undersigned to exercise the power of a local personal representative in the State of Idaho and to maintain actions and proceedings in the State of Idaho, subject to any conditions imposed upon nonresident parties generally.

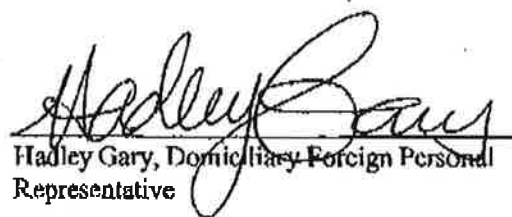
Dated this 23 day of January 2018.


 Scott L. Poorman, attorney for foreign
 personal representative

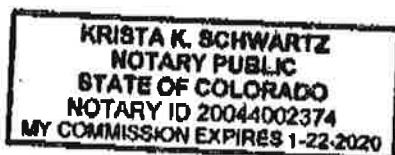
VERIFICATION

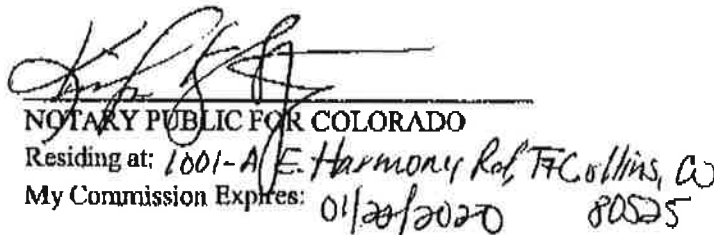
STATE OF COLORADO)
 : ss
 COUNTY OF LARIMER)

I, Hadley Gary, being duly sworn under oath, hereby verify and affirm that the facts set forth in the foregoing **Proof of Authority of Domiciliary Foreign Personal Representative** are true, accurate, and complete to the best of my knowledge, information and belief.


 Hadley Gary, Domiciliary Foreign Personal
 Representative

SUBSCRIBED AND SWORN to before me this 9 day of January 2018.




 NOTARY PUBLIC FOR COLORADO
 Residing at: 1001-A E. Harmony Rd, Ft Collins, CO
 My Commission Expires: 01/22/2020 80525

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS

ESTATE OF

Shanna F. Gary

Case No.

17 P907

Deceased

Circuit Clerk

ORDER APPOINTING REPRESENTATIVE OF DECEDENT'S ESTATE

On the verified petition for issuance of letters of office and:

- ☐ the petition for admission to probate of the will of the decedent;
- ☒ no petition having been filed for admission to probate of the will of the decedent;

1. IT IS ORDERED THAT:

- ☐ The will of _____ dated _____
(name of decedent)
(and codicil dated _____) be admitted to probate.
- ☒ No will is admitted to probate.

2. Administration of the estate shall be:

- ☒ Independent. The representative in independent administration shall file annual reports; the first of which is due on or before 60 days after the expiration of the one year anniversary of this Order and annually thereafter.
- ☐ Supervised. The representative in supervised administration shall file an inventory within 60 days; and shall file annual reports and accounts, the first of which is due on or before 60 days after the expiration of the one year anniversary of this Order and annually thereafter.

3. Letters of office shall issue to Hadley Gary as:

(insert name)

- ☐ Executor(s).
- ☒ Administrator(s).
- ☐ Administrator(s) With Will Annexed.

ENTER:



JUDGE
Dated this 19 day of Oct, 2017.

Prepared by:

Name: Drinker Biddle & Reath LLPAttorney's Name: Quin R. FrazerAddress: 191 North Wacker Drive, Suite 3700City: Chicago State: ILPhone: 312-569-1342 Zip Code: 60606-1698Fax: 312-569-3342ARDC #: 0866512

Erin Cartwright Weinstein
 Clerk of the Circuit Court
 18 North County Street
 Waukegan, IL 60085
 (847) 377-3380

STATE OF ILLINOIS)
) SS
 LAKE COUNTY)

I, ERIN CARTWRIGHT WEINSTEIN, Clerk of the Circuit Court of the NINETEENTH JUDICIAL
 CIRCUIT, Lake County, in and for the State of Illinois, and keeper of the records, files and
 seal thereof, do hereby certify the foregoing to be a Order Appointing Representative
of Decedent's Estate name of order

entered by said Court on October 19, 2017
 date

in the Estate of Shanna F. Gary, Deceased
 name deceased, minor, disabled

IN TESTIMONY WHEREOF, I
 have hereunto set my hand
 and affixed the seal of said
 Court, at my office in
 Waukegan, In said County this 12th
 day of January, 20 18

Erin Cartwright Weinstein

Erin Cartwright Weinstein
 Clerk of the Circuit Court

TMV
 Deputy Clerk

Order

CERTIFICATION OF DEATH RECORD

CITY OF HIGHLAND PARK
HIGHLAND PARK, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0071073

MEDICAL EXAMINER'S CASE NUMBER 1700020022

DATE ISSUED

9/8/2017

DECEDENT'S LEGAL NAME SHANNA FISCH GARY		SEX FEMALE	DATE OF DEATH SEPTEMBER 02, 2017	
COUNTY OF DEATH LAKE	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH MARCH 23, 1960		
CITY OR TOWN HIGHLAND PARK	HOSPITAL OR OTHER INSTITUTION NAME HIGHLAND PARK HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHEYENNE, WY	SOCIAL SECURITY NUMBER 520-82-8678	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 321 SIGNE CT	CITY OR TOWN LAKE BLUFF	INSIDE CITY LIMITS? YES		
COUNTY LAKE	STATE IL	ZIP CODE 60044	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HARRY FISCH	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JUDITH MARALDO
INFORMANT'S NAME HADLEY GARY	RELATIONSHIP DAUGHTER	MAILING ADDRESS 1408 JOHN F KENNEDY PKWY Q307, FORT COLLINS, CO 80525		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MOUNT OLIVET MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE ZION, IL	DATE OF DISPOSITION SEPTEMBER 07, 2017	
FUNERAL HOME WENBAN FUNERAL HOME LTD 320 EAST VINE AVENUE LAKE FOREST, IL 60045				
FUNERAL DIRECTOR'S NAME TIMOTHY JOEL LARKOWSKI		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016191		
LOCAL REGISTRAR'S NAME GHIDA S. NEUKIRCH		DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 7, 2017		
CAUSE OF DEATH PART I TUMOR LYSIS				
IMMEDIATE CAUSE (Final disease or condition immediately lethal)				
b. LYMPHOMA				
Due to (or as a consequence of)				
Due to (or as a consequence of)				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
WAS AN AUTOPSY PERFORMED? NO				
WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A				
MANNER OF DEATH NATURAL				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 17, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:44 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 07, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR JOHN LIN, 101 WAUKEGAN RD, STE 1200, LAKE BLUFF, ILLINOIS, 60044			PHYSICIAN'S LICENSE NUMBER 036094142	

This is to certify that this is a true and correct copy from the official death record
filed with the Illinois Department of Public Health.

Ghida S. Neukirch
City of Highland Park, Local Registrar