

RECEIVED

MAR 05 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?
95-14937	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: William Higgins + Regina Higgins
Name of current water right holder/claimant

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

1145 S. Wolf Lodge CRK Coeur d'Alene ID 83814
Mailing address City State ZIP

406-781-0845 rw.higgins@live.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: APR 12, 2017

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: Regina M. Higgins 3-2-2018
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 JD Processed by JD Date 6-6-2018

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2016-13062

01/03/2017

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF EVIDENCE OF THIS DEATH UNDER ER-3010 AND ER-3014, IDAHO CODE.

Local Reg. No.

DECEDENT TYPE OR PART IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS: INFORMANT: DISPOSITION: PLACE OF DEATH: DATE OF DEATH: CAUSE OF DEATH: ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER: IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR:	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) WILLIAM JOSEPH HIGGINS 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE-Last Birthday 74 (Years) 4b. UNDER 1 YEAR Months: _____ Days: _____ 4c. UNDER 1 DAY Hours: _____ Minutes: _____ 5. DATE OF BIRTH (Mo/Day/Yr) 09/14/1942 6. BIRTHPLACE (City and State, Territory, or Foreign Country) LITTLE ORLEANS, MARYLAND 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY KOOTENAI 7c. CITY OR TOWN COEUR D'ALENE 7d. STREET AND NUMBER 1145 S. WOLF LODGE CREEK RD. 7e. APT. NO. [REDACTED] 7f. ZIP CODE 83814 7g. INSIDE CITY LIMITS? ☐ Yes ☒ No 8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) REGINA MULLADY 10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) PAUL HIGGINS 11b. BIRTHPLACE (State, Territory, or Foreign Country) MARYLAND 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) RUTH KIRBY 12b. BIRTHPLACE (State, Territory, or Foreign Country) MARYLAND 13a. INFORMANT'S NAME (Type or print) REGINA HIGGINS 13b. RELATIONSHIP TO DECEDENT WIFE 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1145 S. WOLF LODGE CREEK RD. COEUR D'ALENE, ID 83814 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify): _____ 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) NORTH IDAHO CREMATORY 1133 N. 4TH STREET COEUR D'ALENE, IDAHO 83814 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL - CDA 1133 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ERIC ENGLISH 17b. LICENSE NUMBER (Of licensee) M0759 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No 19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ERO/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify): _____ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [REDACTED] 20. FACILITY NAME (If not facility, give street and number) KOOTENAI HEALTH 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814 22. COUNTY OF DEATH KOOTENAI 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 28, 2016 24. TIME OF DEATH (24hr) 20:50 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 28, 2016 26. TIME PRONOUNCED DEAD (24hr) 20:50 27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ACUTE ON CHRONIC SYSTOLIC HEART FAILURE DUE TO (or as a consequence of): b. ISCHEMIC CARDIOMYOPATHY DUE TO (or as a consequence of): c. SEPSIS DUE TO (or as a consequence of): d. CLOSTRIDIA DIFFICILE COLITIS PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ACUTE RENAL FAILURE URINARY TRACT INFECTION 28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown 30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED] 33. TIME OF INJURY (24hr) [REDACTED] 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED] 35. INJURY AT WORK? ☐ Yes ☒ No 36. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____ 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY ☒ WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Other (Specify): _____ 38a. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. 39b. LICENSE NUMBER M-12264 39c. DATE SIGNED 1 / 1 / 2017 MM DD YYYY 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ELECTRONICALLY SIGNED: SCOTT D. LOSS, M.D. SCOTT D. LOSS, 2003 KOOTENAI HEALTH WAY COEUR D'ALENE, ID 83814 40a. REGISTRAR'S SIGNATURE James B. Aydelotte 40b. DATE SIGNED 1 / 3 / 2017 MM DD YYYY
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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.

DATE ISSUED: JAN 03 2017

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ORIGINAL

JIM BRANNON 2 P 2599658000
KOOTENAI COUNTY RECORDER
MRR Date 06/22/2017 2:06 PM
REQ OF BROWN JUSTH AND ROMERO

RECORDING FEE: \$13.00

DD



PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by Regina M. Higgins, as Personal Representative of the Estate of William J. Higgins, Decedent, Grantor, does hereby grant an undivided interest in certain real property located in Kootenai County, unto Regina M. Higgins, an unmarried woman, Grantee, whose address is 1145 S. Wolf Lodge Creek Rd., Coeur d'Alene, ID 83814.

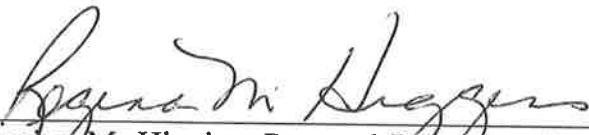
WHEREAS, Grantor is the qualified Personal Representative of said estate, pursuant to Kootenai County Case No. CV-17-1058.

THEREFORE, for valuable consideration received, Grantor hereby grants, sells, transfers and conveys to Grantee all of the Grantor Estate's interest in the following described real property in Kootenai County, Idaho, to wit:

SEE ATTACHED EXHIBIT "A"

together with all appurtenances.

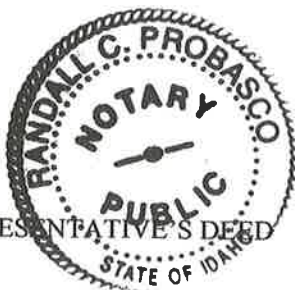
DATED this 12th day of April, 2017.


Regina M. Higgins, Personal Representative of the
Estate of William J. Higgins

STATE OF IDAHO)
: SS
County of Kootenai)

On this 12th day of April, 2017, before me a Notary Public in and for said State personally appeared Regina M. Higgins known to me to be the person whose name is subscribed to the foregoing instrument, as Personal Representative of the Estate of William J. Higgins, and acknowledged to me that she executed the same as such Personal Representative.

WITNESS my official seal.




NOTARY PUBLIC FOR:
Residing at: Coeur d'Alene
My Commission Expires: 11/23/2019

EXHIBIT A

THAT PORTION OF THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 16, TOWNSHIP 50 NORTH, RANGE 2 WEST, BOISE MERIDIAN, LYING SOUTH OF THE PARCEL DESCRIBED IN THE DEED TO JOYE PITCHER, RECORDED MAY 12, 1978, IN BOOK 290 OF DEEDS, PAGE 975, RECORDS OF KOOTENAI COUNTY, IDAHO AND WEST OF THE WEST RIGHT OF WAY LINE OF WOLF LODGE CREEK COUNTY ROAD, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTH QUARTER CORNER OF SAID SECTION 16; THENCE ALONG THE SOUTH LINE OF SAID SECTION 16, NORTH 88°00'05" WEST 374.80 FEET TO THE WEST RIGHT OF WAY LINE OF WOLF LODGE CREEK COUNTY ROAD, THE TRUE POINT OF BEGINNING;

THENCE ALONG THE WEST RIGHT OF WAY LINE OF WOLF LODGE CREEK COUNTY ROAD THE FOLLOWING THREE COURSES:

NORTH 4°34'27" WEST 182.51 FEET;

THENCE NORTH 9°12'32" WEST 150.28 FEET;

THENCE NORTH 11°34'59" WEST 189.42 FEET;

THENCE NORTH 88°00'05" WEST 857.14 FEET TO THE WEST LINE OF SAID EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 16;

THENCE ALONG SAID WEST LINE SOUTH 1°00'25" WEST 512.93 FEET TO THE WEST 1/16 CORNER, A 3 1/4" ALUMINUM CAP MARKED PLS 4458;

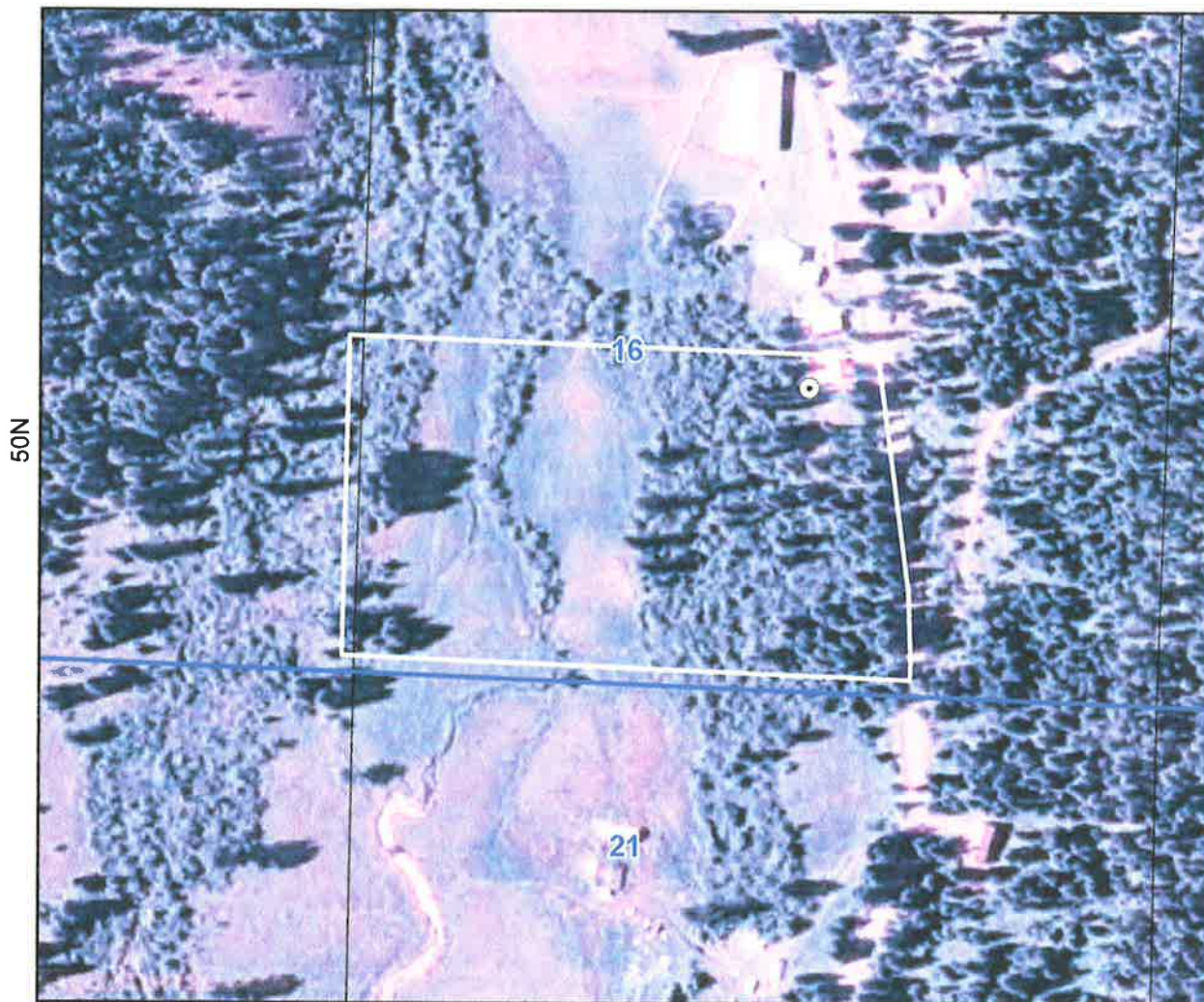
THENCE ALONG THE SOUTH LINE OF SAID SECTION 16, SOUTH 88°00'05" EAST 942.84 FEET TO THE POINT OF BEGINNING.

State of Idaho
Department of Water Resources
Adjudication Claim
95-14937

DOMESTIC

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.

02W



- ⊙ Point of Diversion
- Place Of Use Boundary

-  Townships
-  PLS Sections
-  Quarter Quarters

0 0.035 0.07 0.14 Miles

