

RECEIVED

APR 24 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?
95-13180	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Jerry D. Rupinski

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Jessie & Mark Pannell / Berry M. Short

New owner(s) as listed on the conveyance document

Name connector

☐ and☐ or☒ and/or18713 Fantasy Loop

Mailing address

Rathdrum

City

ID

State

83858

ZIP

208 661-1404

Telephone

jpannell39@gmail.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: 12-31-15

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: Jessie Pannell / mark a. Pannell

Signature of new owner/claimant

Title, if applicable

Date

4/20/18

- Signature: [Signature]

Signature of new owner/claimant

Title, if applicable

Date

4-20-18

For IDWR Office Use Only:

Received by N/A

Date

N/A

Receipt No.

N/A

Receipt Amt.

N/AApproved by [Signature]

Processed by

[Signature]

Date

6-15-2018



JIM BRANNON 1 P 2528795000
KOOTENAI COUNTY RECORDER
HLW 12/31/2015 1:43 PM
REQ OF KOOTENAI COUNTY TITLE
COMPANY
RECORDING FEE: \$10.00 DD
Electronically Recorded

File No. 86151CD

WARRANTY DEED

For Value Received

Jerry Rupinski Sr., an unmarried man

The Grantor, does hereby grant, bargain, sell and convey unto

Jessica R. Pannell, a married woman as her sole and separate property and Jerry M. Short, a married man as his sole and separate property

Address: P.O. Box 776
18713 N. Fantasy Loop Rathbun, ID 83858

The Grantee, the following described premises, in Kootenai County, Idaho, to wit:

The South Half of the Northwest Quarter of the Southwest Quarter of the Northwest Quarter of Section 22, Township 52 North, Range 4 West, Boise Meridian, Kootenai County, Idaho.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee(s), his/her/their heirs and assigns forever. And the said Grantor(s) does(do) hereby covenant to and with the said Grantee(s), that he/she/they is/are the owner(s) in fee simple of said premises; that they are free from all encumbrances EXCEPT those to which this conveyance is expressly made subject to those made, suffered or done by the Grantee(s); current taxes, levies, assessments, easements, reservations and rights of way of view and covenants, conditions, restrictions, easements, reservations, dedications, rights of way and agreements of record and that he/she/they will warrant and defend the same from all lawful claims whatsoever.

Dated: December 28, 2015



Kootenai County, Idaho

6	5	4	3	2	1
7	8	9	10	11	12
13	12	16	15	14	13
18	20	21	22	23	24
25	26	28	27	28	25
31	32	33	34	35	36



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

Map Revisions

Notes

13/26/13 - C.G.C.
 Print of 52604W-22-3220, 3015, 3010, 2650, 2560, 1000, 0230 and
 0075 out to RW per audit. (13)
 01/16/15 - GP
 Print of 52604W-22-3001-4007 all redacted as Tax #2340 &
 combined w/ 0060-1 both now A. (15)
 01/16/15 - JF
 52604W-22-3075 combined w/ 2640. (16)
 06/15/17 - JP
 52604W-22-0700 out of 1000 as Tax#24852; rem 1000 redacted
 as Tax#24851. (17)

[illegible]

Legend

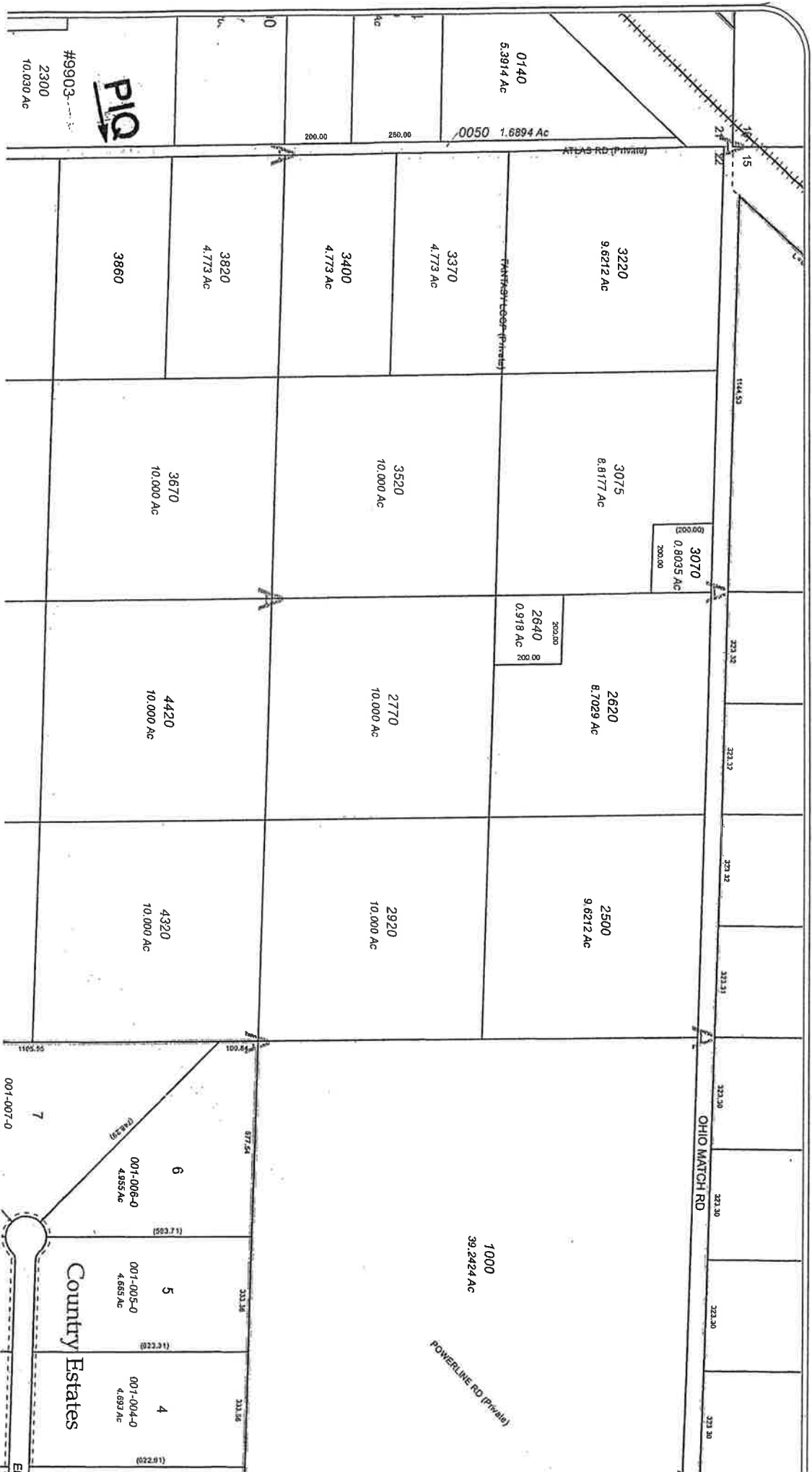
(C-5357) Sub-code ☐ TarParcels Private Roads ### City Limits
001-001-A Parcel ID# (PIN) ☐ LegalAreas Plat Boundaries A GCDB_Corners
Road RW ***** Railroad GCDB_Lines



Maptile: 52N04W22

Sec. 22 Twp 52 N. R. 4 W. B. M.

This sketch is provided, without charge, for your information. It is not intended to show all matters related to the property. The Company assumes NO LIABILITY for any matter related to this sketch.



22-52N-43

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER IDAPA 16.01.01 AND 16.01.02, IDAHO CODE

Local Reg. No.

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) SHELLY RUPINSKI		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 62 (Years)		4b. UNDER 1 YEAR 4c. UNDER 1 DAY Months Days Hours Minutes	
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN	5. DATE OF BIRTH (Mo/Day/Yr) 06/06/1951		6. BIRTHPLACE (City and State, Territory, or Foreign Country) WALLACE, IDAHO	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	7c. CITY OR TOWN RATHDRUM
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER 18713 N. FANTASY LOOP		7e. APT. NO. 83858	7f. ZIP CODE 83858
	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) GERALD RUPINSKI SR	
PARENTS	10. EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL GUARD, NATIONAL RESERVE? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) WISCONSIN	
	11b. FATHER'S NAME (First, Middle, Last, Suffix) ALLEN PECOR		12b. BIRTHPLACE (State, Territory, or Foreign Country) CANADA	
INFORMANT	13a. INFORMANT'S NAME (Type or print) GERALD RUPINSKI SR		13b. RELATIONSHIP TO DECEDENT SPOUSE	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 18713 N. FANTASY LOOP RATHDRUM, ID 83858			
DISPOSITION	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) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814			
MORTICIAN: Complete/Verify and File Within 5 Days of Death	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ELI D. YATES		17b. LICENSE NUMBER (Of licensee) M0832	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No			
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOR ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
	19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOR ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) HOSPICE HOUSE - HOSPICE OF NORTH IDAHO		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83815	
	22. COUNTY OF DEATH KOOTENAI			
CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 14, 2014		24. TIME OF DEATH (24hr) 06:25	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 14, 2014		26. TIME PRONOUNCED DEAD (24hr) 06:25	
CAUSE OF DEATH	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. METASTATIC DISEASE b. RENAL CELL CARCINOMA c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):		Approximate Interval: Onset to Death 1.5 YEARS UNKNOWN	
	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. N/A			
ITEMS 32-35 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		29. IF FEMALE (Aged 15-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
	30. DATE OF INJURY (Mo/Day/Yr) (Spell month) March 14, 2014		31. TIME OF INJURY (24hr) 06:25	
CERTIFIER	32. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) State _____ City/Town or County _____ Zip Code _____	
	34. 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: 34a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 34b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		35. INJURY AT WORK? ☐ Yes ☒ No	
CERTIFIER	36. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier ELECTRONICALLY SIGNED: SHANA D. FOGARTY, M.D.		37. LICENSE NUMBER M-08684	
	38. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SHANA D. FOGARTY, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83835		39. DATE SIGNED 3 / 17 / 2014 MM DD YYYY	
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Gaydelotte		40b. DATE SIGNED 3 / 18 / 2014 MM DD YYYY	

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: **MAR 19 2014**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

PRNCO (Rev) 02/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

June 15, 2018

JESSICA & MARK PANNELL
JERRY M SHORT
18713 N FANTASY LOOP
RATHDRUM ID 83858-7060

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-13180

Dear Claimants:

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 95-13180