

RECEIVEDSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

JUN 04 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?
95-7934	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Howard D Granger (my husband)
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Kathleen M Granger (wife)
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- Mailing address: 6173 W Harbor Dr City: Ed A State: ID ZIP: 83814
- Telephone: 206-227-1882 Email: granger3@roadrunner.com

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: May 17th 2001

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: Kathleen M. Granger Mrs. Title, if applicable: _____ Date: May 29, 2018
- Signature: _____ Title, if applicable: _____ Date: _____
- Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by: NIA Date: NIA Receipt No.: NIA Receipt Amt.: NIA

Approved by: JD Processed by: JD Date: 6-25-2018

STATE OF WASHINGTON,

County of King

SS.

Series A 358769

THIS CERTIFIES, that the undersigned officiant, a Pastor Priest
by authority of a Marriage License bearing date the 27 day of Aug. A.D. 1971
and issued by the County of King, did on the 3 day of Sept.
A. D. 1971, at the hour of 7pm in County of King
State of Washington, join in LAWFUL WEDLOCK Howard D. Granger Male
(Place of Birth) Seattle (Age last Birthday) 25
of the County of King and Kathleen M. Bannon Female
(Place of Birth) Seattle (Age last Birthday) 21
of the County of King with their mutual assent, in the presence of
Glenn Erickson and Theresa Kelly witnesses.

IN TESTIMONY WHEREOF, witness the signatures of the parties to said ceremony, the
witnesses and myself, this 3 day of Sept. A. D. 1971

WITNESS:	PARTIES:	OFFICIATING CLERGYMAN OR OFFICER:
<u>Glenn Erickson</u>	<u>Howard D. Granger</u> MALE (SIGNATURE)	<u>R. M. Eberle</u> SIGNATURE OF OFFICIANT
<u>Theresa Kelly</u>	<u>Kathleen M. Bannon</u> FEMALE (SIGNATURE)	<u>7000 - 35 SW</u> STREET AND NUMBER
Filed <u>SEP 17 1971</u> 19 <u>71</u>		<u>Seattle</u> WASH. <u>98126</u> CITY ZIP

This Certificate must be filled out and filed with the County of King where the license was issued within 30 days after the ceremony. —See Chapter 59, Laws of Washington of 1947.

Failure to make and deliver Certificate to the County of King within 30 days is punishable by a fine of not less than \$25.00 or more than \$300.00.—See Pierce's Code, Sec. 3714.

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, SHOULD BE USED AS PROOF OF DEATH. THIS CERTIFICATE IS NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING STATE SEAL AND SIGNATURE OF THE REGISTRAR.

DECEDENT	*1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) HOWARD DANIEL GRANGER		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 69 (Years)	4b. UNDER 1 YEAR Months: 09 Days: 04	4c. UNDER 1 DAY Hours: 09 Minutes: 04	5. DATE OF BIRTH (Mo/Day/Yr) 09/04/1945
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	
	7c. CITY OR TOWN COEUR D'ALENE		7d. APPT. NO. 83814	7e. INSIDE CITY LIMITS? ☐ Yes ☒ No
PARENTS	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) KATHY KELLY	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) CANADA	
INFORMANT	11b. FATHER'S NAME (First, Middle, Last, Suffix) JOSEPH ALBERT GRANGER		12a. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
	12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) RUTH EDIN		13a. INFORMATION'S NAME (Type or print) KATHY GRANGER	
DISPOSITION	13b. RELATIONSHIP TO DECEDENT SPOUSE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 6173 W. HARBOR DRIVE 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) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
PLACE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DOUGLAS C. DARLING	
	17b. LICENSE NUMBER (Of licensee) M0849		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
DATE OF DEATH	*19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		*19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	
	*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	
CAUSE OF DEATH	*22. COUNTY OF DEATH KOOTENAI		*23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 20, 2014	
	*24. TIME OF DEATH (24hr) 21:20		*25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 20, 2014	
ITEMS 32-33 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	*26. TIME PRONOUNCED DEAD (24hr) 21:20		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. SUBARACHNOID HEMORRHAGE DUE TO (or as a consequence of): b. UNCLEAR ETIOLOGY DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d.		Approximate Interval: Onset to Death 12 HOURS 18 HOURS	
CERTIFIER	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I CHF W/PACER/DEFIBRILLATOR - ANTICOAGULATION - HTN - SUBDURAL HEMATOMA		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No		29. MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☒ Could not be determined	
REGISTRAR	30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		31. IF FEMALE (Aged 10-54): ☐ 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 43 days of death ☐ Unknown if pregnant within the past year	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) December 20, 2014		33. TIME OF INJURY (24hr) 21:20	
DATE OF DEATH	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? ☐ Yes ☒ No	
	36. LOCATION OF INJURY: State IDAHO City/Town or County COEUR D'ALENE Zip Code 83814 Street and Number or Location 6173 W. HARBOR DRIVE Apartment Number 00		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: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
DATE OF DEATH	39a. 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 natural cause(s)/manner 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: DEBBIE L. WILKEY *39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DEBBIE L. WILKEY, 1808 N. 3RD COEUR D'ALENE, ID 83814		39b. LICENSE NUMBER 12 / 29 / 2014 MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE JAMES B. AYDELOTTE		40b. DATE SIGNED 12 / 31 / 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: **DEC 31 2014**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

Recorded upon the request of:
Erika B. Grubbs
Winston & Cashatt, Lawyers
250 Northwest Blvd., Suite 206
Coeur d'Alene, Idaho 83814
(208) 667-2103

**QUIT CLAIM DEED
DO NOT CHANGE TAX NOTICE**

For no consideration KATHLEEN M. GRANGER, a married person dealing with her sole and separate property, of 6173 W. Harbor Drive, Coeur d'Alene, Idaho 83814, in the County of Kootenai, State of Idaho, does hereby convey, release, remise and forever quitclaim unto:

KATHLEEN M. GRANGER, Trustee, or her successors in Trust, of the REVOCABLE LIVING TRUST OF KATHLEEN M. GRANGER, (UDT) dated the 17th day of FEBRUARY, 2017 and any amendments thereto.

whose current address is 6173 W. Harbor Drive, Coeur d'Alene, Idaho 83814, in the County of Kootenai, State of Idaho, all of her right, title, and interest, whether now owned or hereafter acquired in property, commonly known as 6173 W. Harbor Drive, Coeur d'Alene, Idaho 83814, and more particularly described as follows:

Lot 29, Harbor Island Addition, Kootenai County, State of Idaho, according to the Plat Recorded in Book "D" of Plats, page 101, Records of Kootenai County, Idaho.

subject to such mortgages, deeds of trust, and contracts, if any, which are of record, and subject to easements and encumbrances in view or of record, together with their appurtenances.

DATED this 17th day of February, 2017


KATHLEEN M. GRANGER

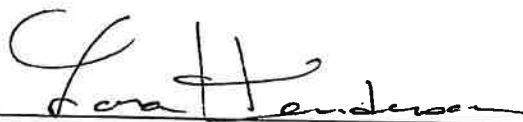
STATE OF IDAHO

COUNTY OF KOOTENAI

SS

On this 17th day of February, 2017, before me, a notary public in and for said State, personally appeared KATHLEEN M. GRANGER acknowledged to me that she executed the same.

LORA HENDERSON
NOTARY PUBLIC
STATE OF IDAHO


Notary Public in and for the State of Idaho,
Residing in Arthol
My commission expires: 10-25-22.



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 25, 2018

REVOCABLE LIVING TRUST OF
KATHLEEN M GRANGER
6173 W HARBOR DR
COEUR D ALENE ID 83814-7679

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-7934

Dear Mrs. Granger:

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 blue 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 95-7934