

RECEIVED**AUG 09 2018**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**Notice of Change in Water Right Ownership****IDWR/NORTHERN**

Enter 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?
95-7894	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: JACK R. HUGHES
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): JEFFREY S. or SHERY M. HUGHES
New owner(s) as listed on the conveyance document Name connector ☐ and ☒ or ☐ and/or

8290 W. SAUSSE DR. Coeur d'Alene ID 83814
Mailing address City State ZIP
(208) 867-3876 jsh58@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: 7-26-18

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: [Signature] 8-9-18
Signature of new owner/claimant Title, if applicable Date
Signature: [Signature] 8-9-18
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 [Signature] Processed by [Signature] Date 8-9-2018

COPY

JIM BRANNON 4 P 2654010000
KOOTENAI COUNTY RECORDER
JAJ Date 07/26/2018 9:30 AM
REQ OF WALLACE AND KUSTER PLLC

RECORDING FEE: \$15.00

DD



TRUSTEE'S DEED

THIS DEED, made by JHAN R. HUGHES and JEFFREY S. HUGHES, as Co-Trustees of TRUST A of the JACK R. HUGHES AND JEAN W. HUGHES LIVING TRUST U/A 11/01/90, reformed 02/06/02, Grantors, to JEFFREY S. HUGHES and SHERRY M. HUGHES, husband and wife, as community property with right of survivorship, whose current address is 8290 W. Sausser Dr., Coeur d'Alene, Idaho 83814, Grantees. Grantors do hereby convey, release, remise and forever quitclaim unto Grantees all of the right, title and interest that the Grantors own or may subsequently acquire by operation of law or otherwise, in the following described real property located in Kootenai County, State of Idaho more particularly described as follows:

That portion of the Southwest Quarter of the Northwest Quarter of Section 5, Township 49 North, Range 4 West, Boise Meridian, Kootenai County, Idaho, described as follows:

COMMENCING at the West quarter corner of said Section 5; thence, North 1°21'08" East along the West line of said Section 5, a distance of 330.04 feet to the Southwest corner of land described in the deed to John Mannering and wife, recorded January 29, 1979 in Book 296 of Deeds at Page 928, records of Kootenai County, Idaho; thence, South 89°33'38" East along the south line of said Mannering land, 439.19 feet to the TRUE POINT OF BEGINNING; thence, continuing South 89°33'38" East along said South line, 866.76 feet to the East line of said Southwest Quarter of the Northwest Quarter; thence, North 1°07'13" East along the East line of said Southwest Quarter of the Northwest

1. TRUSTEE'S DEED

[ESTATE OF JACK R. HUGHES:
8290 W. SAUSSER DR., CDA, ID]
{KDK00132088.DOC;1/11349.02}

Quarter, 498.42 feet to the Southeast corner of land described in the deed to Michael V. Bryan and wife, recorded January 13, 1978 in Book 288 of Deeds at Page 336, records of Kootenai County, Idaho; thence North 89°41'27" West along the south line of said Bryan land, 864.78 feet to the Northeast corner of land described in the deed to Vincent Aurora and wife, recorded January 29, 1979 in Book 296 of Deeds at Page 919, records of Kootenai County, Idaho; thence, South 1°21'08" West, along the East line of said Aurora land, 496.48 feet to the TRUE POINT OF BEGINNING,

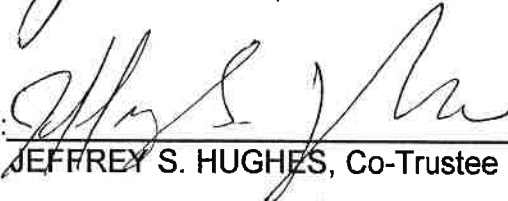
EXCEPT an undivided two-thirds interest in and to a well lying 176 feet West from the East line of herein described land and 65 feet North of the south line of herein described land together with a piece of property 20 feet square surrounding said well with the well to be the center thereof.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder or remainders, rents, issues, and profits thereof, to have and to hold all and singular unto Grantees' heirs and assigns forever.

DATED the 1st day of June, 2018.

TRUST A OF THE JACK R. HUGHES AND
JEAN W. HUGHES LIVING TRUST U/A
11/01/90; reformed 02/06/02

By: 
JHAN R. HUGHES, Co-Trustee

By: 
JEFFREY S. HUGHES, Co-Trustee

2. TRUSTEE'S DEED

State of Washington

County of Skagit

I certify that I know or have satisfactory evidence that JHAN R. HUGHES is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as a Co-Trustee of TRUST A of the JACK R. HUGHES AND JEAN W. HUGHES LIVING TRUST U/A 11/01/90, reformed 02/06/02, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: June 1, 2018

Arlene Riddle
(Signature)

New Accounts
Title

My appointment expires: 08-17-19



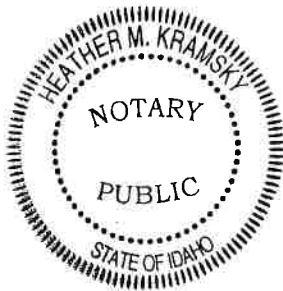
3. TRUSTEE'S DEED

[ESTATE OF JACK R. HUGHES:
8290 W. SAUSSER DR., CDA, ID]
{KDK00132088.DOC;1/11349.02}

STATE OF IDAHO)
) ss.
County of Kootenai)

On the 13th day of June, 2018, before me, the undersigned Notary Public, personally appeared JEFFREY S. HUGHES, as a Co-Trustee of TRUST A of the JACK R. HUGHES AND JEAN W. HUGHES LIVING TRUST U/A 11/01/90, reformed 02/06/02, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same as such Co-Trustee.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written



Heather M. Kramsky
NOTARY PUBLIC
Residing at: Post Falls, ID
My Commission Expires: 05/24/2019

4. TRUSTEE'S DEED

[ESTATE OF JACK R. HUGHES:
8290 W. SAUSSER DR., CDA, ID]
{KDK00132088.DOC;1/11349.02}

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, IS VALID AS LEGAL EVIDENCE OF THE DEATH UNDER §§31-3111 AND 31-3112, I.C.

Local Reg. No.

DECEDENT TYPE OR PRINT 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) JACK R. HUGHES		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 87 (Years)		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:	
	5. DATE OF BIRTH (Mo/Day/Yr) 04/21/1930		6. BIRTHPLACE (City and State, Territory, or Foreign Country) INDIANAPOLIS, INDIANA	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	
	7c. CITY OR TOWN COEUR D'ALENE		7d. APT. NO. 83814	
	7e. ZIP CODE 83814		7f. 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) [REDACTED]			
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) JOHN F. HUGHES	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) INDIANA		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) RUTH STEVENS	
12b. BIRTHPLACE (State, Territory, or Foreign Country) INDIANA		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 8290 W. SAUSSER 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) NORTH IDAHO CREMATORY 1133 N. 4TH STREET COEUR D'ALENE, IDAHO 83814		
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL - COA 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 ☐ Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)				
20. FACILITY NAME (if not facility, give street and number) 8290 W. SAUSSER DRIVE COEUR D'ALENE, ID 83814				
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 8, 2017		24. TIME OF DEATH (24hr) 19:45		
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 6, 2017		26. TIME PRONOUNCED DEAD (24hr) 19:45		
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. CVA DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. 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: AFIB-CLOSED HEAD INJURY-ALCOHOL ABUSE				
28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		29. 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 42 days of death ☐ Unknown if pregnant within the past year		
30. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]		31. TIME OF INJURY (24hr) [REDACTED]		
32. LOCATION OF INJURY: State: City/Town or County: Zip Code:		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, tavern, etc.) [REDACTED]		
34. INJURY AT WORK? ☐ Yes ☒ No				
35. 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: 35a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 35b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				
36a. CERTIFIER (Check only one, based on official capacity for this certificate): ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE ☐ CORONER - To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>natural</u> cause(s)/manner stated. - 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). Signature and Title of Certifier: CHAD W. SCAROLA, M.D.		36b. LICENSE NUMBER M-09125		
36c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CHAD W. SCAROLA, 1701 LINCOLN WAY COEUR D'ALENE, ID 83814		36d. DATE SIGNED 12 / 8 / 2017 MM DO YYYY		
40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 12 / 11 / 2017 MM DO 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 11 2017

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

JAMES B. AYDELOTTE
STATE REGISTRAR





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

August 9, 2018

JEFFREY S HUGHES
SHERRY M HUGHES
8290 W SAUSSER DR
COEUR D ALENE ID 83814-7391

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-7894

Dear Mr. & Mrs. Hughes:

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 fluid and cursive.

Dawn R. Lenon
Technical Records Specialist I

Enclosure(s) Notice of Claim 95-7894