

RECEIVED

AUG 13 2018

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR/NORTHERN Notice of Change in Water Right Ownership

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?
95-15912	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Tommy L. Gilmore
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Jean R. Gilmore Wife who should have been listed with Tommy originally
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 3388 W. Presley Rd Coeur d'Alene ID 83814
Mailing address City State ZIP
- 208 664 8792 jrgtlg@frontier.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: 12/01/1999
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: Jean R. Gilmore Wife of Tommy L. Gilmore 10/04/2017 08/13/2018
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 [Signature] Processed by [Signature] Date 9-20-2018

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
MAILED MAIL, SHALL BE USED AS PROOF OF THIS DEATH UNDER §§34-106 AND §34-271, IDAHO CODE

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) TOMMY LEE GILMORE		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 72 (Years)		4b. UNDER 1 YEAR Months: 03 Days: 21 Hours: 18 Minutes: 00		4c. DATE OF BIRTH (Mo/Day/Yr) 03/21/1945	
	5a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		5b. COUNTY KOOTENAI		5c. CITY OR TOWN COEUR D'ALENE	
	6a. STREET AND NUMBER 3388 W. PRESLEY ROAD		6b. APT. NO. 83814		6c. ZIP CODE 83814	
	7a. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		7b. SURVIVING SPOUSE'S NAME (If wife, give maiden name) JEAN BOLLMAN			
PARENTS	8a. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		8b. FATHER'S NAME (First, Middle, Last, Suffix) LYMAN J. GILMORE		8c. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
	8d. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) HAZEL KENNEDY		8e. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	9a. INFORMANT'S NAME (Type or print) JEAN GILMORE		9b. RELATIONSHIP TO DECEDENT SPOUSE		9c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3388 W. PRESLEY ROAD COEUR D'ALENE, ID 83814	
	10a. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify):		10b. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		10c. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
	11a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DEXTER F. YATES		11b. LICENSE NUMBER (Of licensee) MO569		11c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
MORTICIAN: Complete Within 5 Days of Death	12a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ Other (Specify):					
	12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify):					
	13a. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814					
	13b. COUNTY OF DEATH KOOTENAI					
	13c. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 4, 2017					
PLACE OF DEATH	14a. TIME OF DEATH (24hr) 18:00					
	14b. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 4, 2017					
	14c. TIME PRONOUNCED DEAD (24hr) 18:00					
	15. 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: a. IDIOPATHIC PULMONARY FIBROSIS WITH HYPOXEMIA DUE TO (or as a consequence of): b. DIASTOLIC HEART FAILURE DUE TO (or as a consequence of): c. HYPERTENSION DUE TO (or as a consequence of):					
	16. UNDERLYING CAUSE (Part II) Enter other significant condition contributing to death but not resulting in the underlying cause given in Part I: DIABETES					
CAUSE OF DEATH	17a. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown					
	17b. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ 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					
	18a. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined					
	19a. LOCATION OF INJURY: State IDAHO City/Town or County COEUR D'ALENE Zip Code 83814 Street and Number or Location 3388 W. PRESLEY ROAD Apartment Number					
	19b. 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					
CERTIFIER	20a. TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Other (Specify):					
	20b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown					
	21a. 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.					
	21b. 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.					
	21c. SIGNATURE AND TITLE OF CERTIFIER: ELECTRONICALLY SIGNED: LISA GRACE MARIE BREISACHER, N.P.					
REGISTRAR	22a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) LISA GRACE MARIE BREISACHER, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83836					
	22b. DATE SIGNED 10 / 05 / 2017 MM DD YYYY					
	23a. REGISTRAR'S SIGNATURE James B. Aydelotte					
	23b. DATE SIGNED 10 / 10 / 2017 MM DD YYYY					
	24. IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE					

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: **OCT 10 2017**

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

JAMES B. AYDELOTTE
STATE REGISTRAR



Last Will and Testament

OF

TOMMY L. GILMORE

I, TOMMY L. GILMORE, of Kootenai County, State of Idaho, being over the age of eighteen (18) years, of sound mind and memory, and not acting under menace, fraud or undue influence of any person or persons whomsoever, do hereby make, publish and declare this my Last Will and Testament and hereby revoke any prior Wills or codicils made by me at any time heretofore.

ARTICLE I.

I hereby declare that I am married to JEAN R. GILMORE. I further declare that at the date of the execution of this Will, I have one child, and no others, now living:

TERESA R. GILMORE DEVIN

ARTICLE II.

I direct that my personal representative, as soon as practicable after my death, and when funds are available therefor shall pay the expenses of my last illness and burial, and all of my just debts insofar as they are mature and uncontested obligations.

I direct that all estate, inheritance, transfer, legacy, succession and other death taxes payable by reason of my death, which may be assessed with respect to property passing and taxable because of my death, shall be paid out of my estate as an expense of administration, and no part of these taxes shall be apportioned or prorated to any devisee or any other person owning

Tommy L. Gilmore

or receiving any property of mine.

ARTICLE III.

I give such items of tangible personal property to such people as I may designate, either now or hereafter, in accordance with a separate written statement signed by me, pursuant to the provisions of Section 15-2-513 of the Idaho Code.

ARTICLE IV.

I give the remainder of my estate to my wife, JEAN R. GILMORE. If my wife does not survive me, my estate shall pass to my daughter, TERESA R. GILMORE DEVIN, per stirpes. Should my daughter pre-decease me leaving surviving issue, such issue shall take by representation.

ARTICLE V.

I hereby nominate and appoint JEAN R. GILMORE as personal representative of my estate and direct that she be allowed to serve without bond. I hereby empower my personal representative to sell, mortgage, lease and convey any and all of my estate in such manner and on such terms as she shall deem wise and just, and direct that she settle my estate without the intervention of any court, except to the extent required by law.

In the event that my personal representative, JEAN R. GILMORE, cannot or will not serve as my personal representative, then in that event I nominate and appoint, TERESA R. GILMORE DEVIN, to serve as alternate personal representative and direct that she be allowed to serve without bond.

ARTICLE VII.

I have intentionally omitted all of my heirs who are not specifically mentioned herein, and generally and specifically disinherit any and all persons, whosoever, claiming to be or who may be lawfully determined to be my heirs at law, except as otherwise mentioned in this Will, and if any such persons or such

Tommy L. Gilmore

heirs, or any devisees or legatees under this Will or their successors in interest shall either direct or indirectly, singly or in conjunction with others, contest the probate of this Will for the distribution hereunder, then I direct that in lieu of any share to which such person or persons might otherwise be entitled either by law or under this Will, I give the sum of One Dollar (\$1.00) only, and the share of any contesting legatee or devisee hereunder shall go to the other devisees or legatees who have not contested this Will or the distribution of my property, share and share alike.

ARTICLE VIII.

Should any clause, part, provision and/or condition of this Will be held to be void, invalid and/or inoperative, then and in that event, I direct that such invalidity shall not affect any other clause, provision and/or condition hereof, but the remainder of this Will shall be effective as though such void part, clause, provision and/or condition has not been contained herein.

IN WITNESS WHEREOF, I have hereunto set my hand this 10 day of July, 1992, to this instrument, consisting of five (5) typewritten pages, including this page to which I have subscribed my name.


TOMMY L. GILMORE
TESTATOR



The foregoing instrument consisting of five (5) pages, including the page signed by the undersigned witnesses, was, on the date thereof signed, published and declared by the above-named Testator to be the Testator's Last Will and Testament and in the presence of us, who at the Testator's request and in the Testator's presence and in the presence of each other and on the same date have subscribed our names as witnesses thereto.

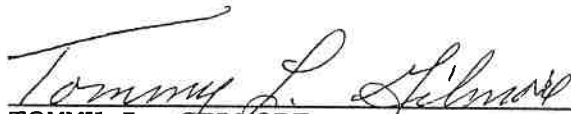
Kristin D. Hancy
Witness
Residing at: Post Falls, Idaho

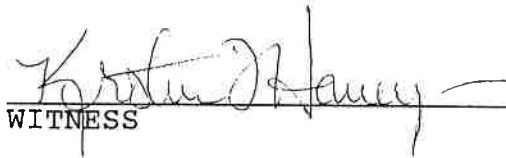
Christa D. Hancy
Witness
Residing at: Haupers Lake

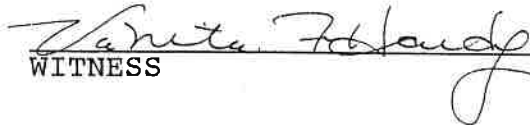
Thomas L. Gilman

State of Idaho)
 ss.
County of Kootenai)

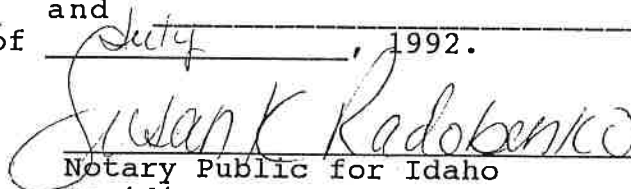
We, _____,
and TOMMY L. GILMORE, the Testator and the witnesses,
respectively, whose names are signed to the attached or foregoing
instrument, being first duly sworn, do hereby declare to the
undersigned authority that the Testator signed and executed the
instrument as Testator's Last Will and that the Testator had
signed willingly or directed another to sign on Testator's behalf,
and that Testator executed it as a free and voluntary act for the
purposes therein expressed; and that each of the witnesses in the
presence and hearing of the Testator, signed the Will as witnesses
and that to the best of their knowledge the Testator was, at that
time, an adult of sound mind and under no constraint or undue
influence.

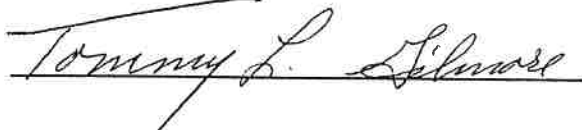

TOMMY L. GILMORE
TESTATOR


WITNESS


WITNESS

SUBSCRIBED, SWORN to and acknowledged before me by TOMMY L.
GILMORE, the Testator, and subscribed and sworn to before me by
and _____
witnesses, this 10th day of July, 1992.


Notary Public for Idaho
Residing at:
Commission Expires:





State of Idaho

DEPARTMENT OF WATER RESOURCES

NORTHERN REGION • 7600 N MINERAL DR STE 100 • COEUR D ALENE ID 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

September 20, 2018

JEAN R GILMORE
3388 W PRESLEY RD
COEUR D ALENE ID 83814-7230

Re: Water Right No. 95-15912

Dear Ms. Gilmore:

Enclosed is a copy of the Notice of Completed Administrative Procedure and associated water right(s) that has been sent to the Coeur d'Alene-Spokane River Basin Adjudication Court, reflecting the ownership change for your water right(s). These documents are now required to be filed by the Department in order to notify the Court of any changes to your water right(s).

This notification to the Court does not affect the previous approval of this water right(s). You will be notified of any future action on your water right(s) by the CSRBA Court or Water Resources.

Please contact this office if you have any questions concerning this notification.

Sincerely,

Dawn Lenon
Technical Records Specialist 1