

DEV

RECEIVED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

OCT 19 2018

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?
95-12019	Yes ☐		Yes ☐		Yes ☐
95-9649	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

FRANK OR MARILYN KOKOT

Frank is deceased

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

FRANK AND MARILYN KOKOT FAMILY TRUST

New owner(s) as listed on the conveyance document

Name connector

☐ and ☐ or ☐ and/or

12661 E PARKS RD

ATHOL

ID

83801

Mailing address

City

State

ZIP

208-683-2401

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: _____

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.

Transfer to trust
Death certificate

Folder

8. Signature:



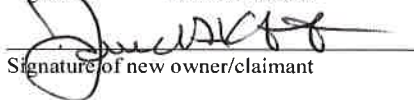
Signature of new owner/claimant

Title, if applicable

2/25/2018

Date

- Signature:



Signature of new owner/claimant

Title, if applicable

10/13/2018

Date

For IDWR Office Use Only:

Received by

N/A

Date

N/A

Receipt No.

N/A

Receipt Amt.

N/A

Approved by

N/A

Processed by

N/A

Date

11-5-2018

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, SHALL BE USED AS PROOF OF FACTS OF DEATH UNDER §§ 39-1401 AND 39-1402, IDAHO CODE.

Local Reg. No.

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)	DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) FRANK KOKOT		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 79 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) 09/26/1934		
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) LACKAWANNA, NEW YORK			7c. CITY OR TOWN ATHOL		
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO			7b. COUNTY KOOTENAI		
	7d. STREET AND NUMBER 12661 E. PARKS ROAD			7e. APT. NO. 83801 7f. ZIP CODE 83801 7g. INSIDE CITY LIMITS? ☐ Yes ☒ No		
8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never-married ☐ Unknown MARILYN PARKER						
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MARILYN PARKER						
10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No						
11a. FATHER'S NAME (First, Middle, Last, Suffix) NICHOLAS KOKOT			11b. BIRTHPLACE (State, Territory, or Foreign Country) CROATIA			
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) CATHERINE STOSIC			12b. BIRTHPLACE (State, Territory, or Foreign Country) CROATIA			
13a. INFORMANT'S NAME (Type or print) MARILYN KOKOT			13b. RELATIONSHIP TO DECEDENT SPOUSE			
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 12661 E. PARKS ROAD ATHOL, ID 83801						
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			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			
19. PLACE OF DEATH (19-22) 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/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) 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			
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 26, 2014		24. TIME OF DEATH (24hr) 16:36		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 26, 2014		
26. TIME PRONOUNCED DEAD (24hr) 16:36		27. CAUSE OF DEATH a. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE GASTROINTESTINAL BLEED b. DUE TO (or as a consequence of) THROMBOCYTOPENIA c. DUE TO (or as a consequence of) CHRONIC RENAL FAILURE d. DUE TO (or as a consequence of) DIABETES MELLITUS HYPERTENSION				
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						
30. IF FEMALE (Aged 10-44): ☐ 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						
31. DATE OF INJURY (Mo/Day/Yr) (Spell month) April 26, 2014						
32. TIME OF INJURY (24hr) 16:36						
33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) State _____ City/Town or County _____ Zip Code _____						
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 INJURY ONLY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____						
36a. 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: ROBERT A. ANCKER, M.D. 36b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ROBERT A. ANCKER, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83835						
37. REGISTRAR'S SIGNATURE JAMES B. AYDELOTTE						
38. DATE SIGNED 5 / 1 / 2014						

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.

MAY 01 2014

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR



AFTER RECORDING RETURN TO:

MARC E. WALLACE, ESQ.
WALLACE & CUSACK, P. A.
2370 N. MERRITT CREEK LOOP, STE. 1
COEUR D'ALENE, ID 83814

DANIEL J. ENGLISH 2P I 2120592000
KOOTENAI CO. RECORDER Page 1 of 2
BBB Date 09/07/2007 Time 15:35:18
REC-REQ OF WALLACE AND CUSACK
RECORDING FEE: 6.00
2120592000 DD 8



95-12019

QUITCLAIM DEED

FOR VALUE RECEIVED, FRANK KOKOT and MARILYN KOKOT, husband and wife, the Grantors, do hereby release, remise and forever quitclaim unto FRANK KOKOT and MARILYN R. KOKOT, as Co-Trustees, and to their successor Trustees, of the FRANK AND MARILYN KOKOT FAMILY TRUST dated September 5, 2007, and not as individuals, whose current address is 12661 E. Parks Road, Athol, Idaho 83801, as Grantee, and to Grantee's heirs and assigns forever, the following described premises to wit, situated in Kootenai County, State of Idaho, together with all after acquired title of the Grantors therein:

The North half of the Southeast quarter of the Southwest quarter of the Southeast quarter of Section 7, Township 53 North, Range 2 West, Boise Meridian, Kootenai County, State of Idaho.

together with their appurtenances.

DATED this 05 day of September, 2007.

Frank Kokot
FRANK KOKOT

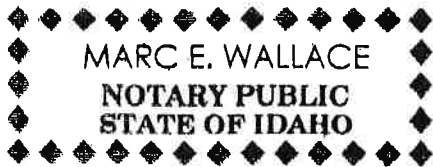
Marilyn Kokot
MARILYN KOKOT

1. QUITCLAIM DEED

STATE OF IDAHO)
 ss
County of Kootenai)

On this 5 day of September, 2007, before me, the undersigned, a Notary Public in and for said State, personally appeared FRANK KOKOT and MARILYN KOKOT, husband and wife, known or identified to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

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



Marc Wallace
Notary Public for Idaho
Residing at Hayden
Comm. Exp.: 08/20/11

2. QUITCLAIM DEED

[CARAVELLE RENTAL]
{VAN00029740.DOC;1/12700.00}

AFTER RECORDING RETURN TO:

MARC E. WALLACE, ESQ.
WALLACE & CUSACK, P. A.
2370 N. MERRITT CREEK LOOP, STE. 1
COEUR D'ALENE, ID 83814

DANIEL J. ENGLISH 2P I 2120591000
KOOTENAI CO. RECORDER Page 1 of 2
BBB Date 09/07/2007 Time 15:35:18
REC-REQ OF WALLACE AND CUSACK
RECORDING FEE: 6.00
2120591000 DD

8

 **COPY**

95-9649

QUITCLAIM DEED

FOR VALUE RECEIVED, FRANK KOKOT and MARILYN RUTH KOKOT, husband and wife, the Grantors, do hereby release, remise and forever quitclaim unto FRANK KOKOT and MARILYN R. KOKOT, as Co-Trustees, and to their successor Trustees, of the FRANK AND MARILYN KOKOT FAMILY TRUST dated September 5, 2007, and not as individuals, whose current address is 12661 E. Parks Road, Athol, Idaho 83801, as Grantee, and to Grantee's heirs and assigns forever, the following described premises to wit, situated in Kootenai County, State of Idaho, together with all after acquired title of the Grantors therein:

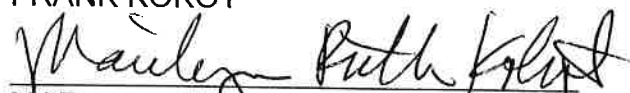
The Southeast Quarter of the Northeast Quarter (SE1/4 NE1/4) of Section 19, Township 53 North, Range 2 West, Boise Meridian, in Kootenai County, Idaho.

together with their appurtenances.

Tax notices should be sent to the Grantors at the address described above. For the purpose of preserving the homeowners' tax exemption, the Grantors declare that this trust is revocable, the Grantors are the beneficiaries of the trust, and the Grantors reside in the home.

DATED this 05 day of September, 2007.


FRANK KOKOT


MARILYN RUTH KOKOT

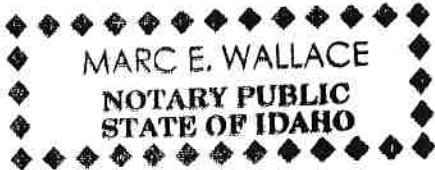
1. QUITCLAIM DEED

[PERSONAL RESIDENCE]
{VAN00029737.DOC;1/12700.00}

STATE OF IDAHO)
 ss
County of Kootenai)

On this 5 day of September, 2007, before me, the undersigned, a Notary Public in and for said State, personally appeared FRANK KOKOT and MARILYN RUTH KOKOT, husband and wife, known or identified to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

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



Marc E. Wallace
Notary Public for Idaho
Residing at Hayden
Comm. Exp.: 08/20/11

2. QUITCLAIM DEED

[PERSONAL RESIDENCE]
{VAN00029737.DOC;1/12700.00}



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

November 5, 2018

FRANK & MARILYN KOKOT FAMILY TRUST
12661 E PARKS RD
ATHOL ID 83801-5113

Re: Water Right No. 95-9649 & 95-12019

Dear Ms. Kokot:

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,

A handwritten signature in blue ink that reads "Dawn R. Lenon".

Dawn R. Lenon
Technical Records Specialist 1