

MAR 08 2018

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR / NORTH

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?
95-13910	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: JANIS M. LINNELL Lyle D. Linnell
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): JANIS M. LINNELL
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 5320 E. Pine Mountain Ln. PDA Id 83814
Mailing address City State ZIP
- (208) 664 3961 JANIS AND Lyle@HOTMAIL.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: 12-31-1976
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: JANIS M. LINNELL 3-6-18
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 4-4-2018

SCANNED
APR 04 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 THIS DEATH UNDER §§24-21.5 AND §§24-21.6, IDAHO CODE

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) LYLE DUANE LINNELL	2. SEX MALE	3. SOCIAL SECURITY NUMBER
	4a. AGE-Last Birthday 89 (Years)	4b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5. DATE OF BIRTH (Mo/Day/Yr) 03/10/1927
MORTICIAN: Complete/Vary and File Within 5 Days of Death	6. BIRTHPLACE (City and State, Territory, or Foreign Country) KIT CARSON COUNTY, COLORADO		
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	7b. COUNTY KOOTENAI	7c. CITY OR TOWN COEUR D'ALENE
	7d. STREET AND NUMBER 5320 E. PINE MOUNTAIN LN		7e. APT. NO. 83814
	7f. ZIP CODE 83814		7g. 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) JAN LEISTNER
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS
	11a. FATHER'S NAME (First, Middle, Last, Suffix) SETH LINNELL		11b. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARGARET HANLEY		12b. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS
INFORMANT	13a. INFORMANT'S NAME (Type or print) JAN LINNELL		13b. RELATIONSHIP TO DECEDENT SPOUSE
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 5320 E. PINE MOUNTAIN LANE COEUR D'ALENE, ID 83814		
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) FOREST CEMETERY 1053 C 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		
PLACE OF DEATH	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: 1 ☐ Inpatient 2 ☐ Outpatient 3 ☐ OCA 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☒ Decedent's home 7 ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:
	20. FACILITY NAME (If not facility, give street and number) 5320 EAST PINE MOUNTAIN LANE		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814
CAUSE OF DEATH	22. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 21, 2016		23. TIME PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 21, 2016
	24. TIME OF DEATH (24hr) 02:00		25. TIME PRONOUNCED DEAD (24hr) 02:00
CERTIFIER: Complete Within 72 Hours 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. MULTIPLE MYELOMA DUE TO (or as a consequence of): b. CHRONIC SYSTOLIC HEART FAILURE DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. Approximate Time Interval: SEVERAL MONTHS SEVERAL YEARS		
	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. CORONARY ARTERY DISEASE ☐ Yes ☐ No ☐ Unknown		
ITEMS 32-38 TO BE COMPLETED FOR EXTERNAL CAUSES ONLY - CORONER	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)
	33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.)
	35. INJURY AT WORK? ☐ Yes ☒ No		
	36. LOCATION OF INJURY: State: City/Town or County: Zip Code: Street and Number or Location: Apartment Number:		
CERTIFIER	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		
	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		
	39a. 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. ☐ 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: SHERWIN S. FOSTER, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SHERWIN S. FOSTER, 8836 N. HESS SUITE C HAYDEN, ID 83835		
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 12 / 28 / 2016 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 28 2016

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE