

DEV

RECEIVED

MAR 01 2019

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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?
95-12612	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Glen A. Cloninger

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Camela M Cloninger

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or ☐ and/orMailing address 1919 E. PINECREST RDCity SPOKANEState WAZIP 99203Telephone 569-991-6201Email pcloninger@comcast.net

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: DEC 10, 2010

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):
 - o \$25 per *undivided* water right.
 - o \$100 per *split* water right.
 - o No fee is required for pending adjudication claims.

8. Signature: Camela M Cloninger

Signature of new owner/claimant

Title, if applicable ownerDate 2-26-2019

Signature: _____

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by NIADate NIAReceipt No. NIAReceipt Amt. NIAApproved by [Signature]Processed by [Signature]Date 3-6-2019

PARCEL A

That part of Government Lot 4, Section 15, Township 49 North, Range 4 W.B.M., Kootenai County, state of Idaho, more particularly described as follows:

Commencing at a point on the South line of Government Lot 4, Section 15, Township 49 North, Range 4 West, B.M., Kootenai County, state of Idaho, described as follows

Beginning at a point on the South line of said Government Lot 4, 300.00 feet, South 89°14'14" West of the Southeast corner of said Lot; thence

North 0°04'46" West, parallel with the East line of said Lot, 450.00 feet; thence

North 43°19'18", 101.80 feet to the Point of Beginning of this description; thence

North 19°28'36" West, 164.07 feet; thence

South 41°31'41" West, 222.25 feet; thence

South 16°44'16" East, 67.98 feet; thence

North 85°50'24" East, 183.06 feet; thence

North 0°04'46" West, 63.57 feet to said Point of Beginning.

PARCEL A1

Commencing at a point on the South line of Government Lot 4, Section 15, Township 49 North, Range 4 West, B.M., Kootenai County, state of Idaho, described as follows:

Beginning at a point on the South line of said Government Lot 4, 300.0 feet, South 89°14'14" West of the Southeast corner of said Lot; thence

North 0°04'46" West, a distance of 133 feet; thence

North 70°19'09" West, a distance of 243.63 feet; thence

North 1°09'47" West, a distance of 225.58 feet; thence

North 85°50'24" East, a distance of 183.86 feet to the True Point of Beginning; thence

North 0°04'46" West, a distance of 63.57 feet; thence

South 43°19'18" East, a distance of 45.93 feet; thence

Southerly to a point lying North 85°58'24" East, 7 feet from the True Point of Beginning; thence

South 85°50'24" West, a distance of 7 feet back to the True Point of Beginning.

This Parcel to be a part of recorded map document No. 932735.

TOGETHER WITH the right of ingress and egress and all utilities over and across the existing roads.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2010-012187

DATE ISSUED: 12/14/2010

FEE NUMBER: 0003204060

GIVEN NAMES: GLEN ALBERT
LAST NAME: CLONINGER

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: DECEMBER 05, 2010
HOUR OF DEATH: 03:53 P.M.
SEX: MALE
AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 28, 1944
BIRTHPLACE: SPOKANE, SPOKANE CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: PAMELA M BRIGGS

OCCUPATION: OWNER OPERATOR
INDUSTRY: ARCHITECTURAL FIRM
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? NO

INFORMANT: PAMELA M CLONINGER
RELATIONSHIP: WIFE
ADDRESS: 1919 E PINECREST ROAD, SPOKANE, WASHINGTON, 99203

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: DEACONESS MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 1919 E PINECREST ROAD
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99203
INSIDE CITY LIMITS? YES
COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: ALBERT W CLONINGER
MOTHER: MARGUERITE L CANTOR

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: RIVERSIDE MEMORIAL PARK
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: DECEMBER 15, 2010

FUNERAL FACILITY: HERITAGE FUNERAL HOME
ADDRESS: 508 N GOVERNMENT WAY
CITY, STATE, ZIP: SPOKANE WA 99224
FUNERAL DIRECTOR: DENNIS R MURPHY

CAUSE OF DEATH:
A. CEREBRAL ISCHEMIA
INTERVAL: DAYS
B. CARDIAC ARREST
INTERVAL: NOT STATED
C. POST-OP LARYNGOSPASM
INTERVAL: NOT STATED
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
KIDNEY STONE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: YES
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JOHN F FLOYD MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 910 W 5TH AV, #701
CITY, STATE, ZIP: SPOKANE WA 99204
DATE SIGNED: DECEMBER 13, 2010

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

D

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
PEGGY J WETMORE
DATE RECEIVED: DECEMBER 13, 2010



FILED

No 33354 B

MAR 24 1966

MARRIAGE CERTIFICATE

STATE OF WASHINGTON,

COUNTY OF

FRANK J. GLOVER
COUNTY AUDITOR

THIS IS TO CERTIFY, that the undersigned, a

Lutheran minister

by authority of a license bearing date the

7th

day of

March

A. D. 1966

and issued by the County Auditor of the County of Spokane, on the

22nd

day of

March

A. D. 1966, at

Spokane

in this county and state, join in

lawful wedlock

of

and

of

with their mutual assent, in the presence of the following witnesses:

1.

2.

IN TESTIMONY WHEREOF, witness the signatures of the parties to said ceremony, the witnesses and myself, this 22nd day of March A. D. 1966

Groom

Bride

Witness

Witness

Officiating Clergyman or Officer

MAIL THIS
Certificate toFRANK J. GLOVER,
County Auditor
Spokane 1, Washington

This Certificate must be filled out and filed with the County Auditor of the County wherein the license was issued, within 30 days after the ceremony. Failure to make and deliver Certificate to the County Auditor within 30 days is punishable by a fine of not less than \$25.00 or more than \$300.00.

See Chapter 59, Session Laws of Washington of 1947.



STATE OF WASHINGTON
COUNTY OF SPOKANE

I, Vicky M. Dalton, Spokane County Auditor, do hereby certify that the foregoing instrument is a true and correct copy of the document received and recorded in my office.

In witness whereof, I hereunto set my hand this 1st day of 2006

VICKY M. DALTON, Spokane County Auditor

Deputy



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene ID 83815-7763

Phone: (208) 762-2800 • Fax: (208) 762-2819

Website: idwr.idaho.gov • Email: northerninfo@idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

March 6, 2019

PAMELA CLONINGER
1919 E PINECREST RD
SPOKANE WA 99203-4417

Re: Water Right No. 95-12612

Dear Ms. Cloninger:

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". The signature is written in a cursive, flowing style.

Dawn R. Lenon
Technical Records Specialist 1