

RECEIVED

APR 24 2019

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?                       |
|-----------------------|------------------------------|-----------------------|------------------------------|-----------------------|------------------------------|
| 95-15306              | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Barbara J. Absec  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Terry J. Absec + Kathleen M. Absec  
New owner(s) as listed on the conveyance document Name connector ☒ and ☐ or ☐ and/or
- 23 Agate St. Kellogg Id 83837  
Mailing address City State ZIP
- (208) 818-5794 kate.absec@gmail.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: 12/5/2017

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: Terry J. Absec 4-19-19  
Signature of new owner/claimant Title, if applicable Date
- Signature: Kathleen M. Absec 4-19-19  
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 vb Processed by vb Date 4-25-2019

**RECORDING REQUESTED BY**  
First American Title Company

**AND WHEN RECORDED MAIL TO:**  
First American Title Company  
2 E. Mullan  
Kellogg, ID 83837

Space Above This Line for Recorder's Use Only

## **WARRANTY DEED**

File No.: **659117-WA (JS)**

Date: **November 28, 2017**

For Value Received, **Barbara Absec, an unmarried woman as her sole and separate property**, hereinafter called the Grantor, hereby grants, bargains, sells and conveys unto **Terry J. Absec and Kathleen M. Absec, husband and wife**, hereinafter called the Grantee, whose current address is **23 Agate, Kellogg, ID 83837**, the following described premises, situated in **Kootenai County, Idaho**, to-wit:

711  
KQ

**LOT 8, MORROW'S SUBDIVISION, ACCORDING TO THE PLAT RECORDED IN BOOK E OF PLATS, PAGE 44, RECORDS OF KOOTENAI COUNTY, IDAHO.**  
**Together with riparian rights (if any) appurtenant to Lot 8, Morrow's Subdivision, Kootenai County, State of Idaho**

SUBJECT TO all easements, right of ways, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments as agreed to by parties above.

TO HAVE AND TO HOLD the said premises, with its appurtenances, unto the said Grantee, and to the Grantee's heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that said premises are free from all encumbrances except current years taxes, levies, and assessments, and except U.S. Patent reservations, restrictions, easements of record and easements visible upon the premises, and that Grantor will warrant and defend the same from all claims whatsoever.

Date: 11/28/2017

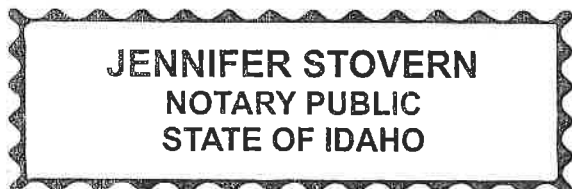
Warranty Deed  
- continued

File No.: 659117-WA (JS)

Barbara Absec  
Barbara Absec

STATE OF Idaho )  
COUNTY OF Shoshone )  
SS.

On this 5 day of December, 2017, before me, a Notary Public in and for said State, personally appeared **Barbara Absec**, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.



[Signature]  
Notary Public for the State of Idaho  
Residing at: Pinehurst  
My Commission Expires: May 23, 2023

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**RECEIVED**

**APR 25 2019**

**STATE OF IDAHO**

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

490302

**CERTIFICATE OF DEATH**

Date Filed **AUGUST 27, 2014**

State File No. **2014-07943**

|                                                                                                                                |                                                 |                                                                           |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>JOSEPH PETER ABSEC</b>                                                                             |                                                 |                                                                           |                                                                  |
| SEX<br><b>MALE</b>                                                                                                             | SOCIAL SECURITY NUMBER<br><b>518-22-9884</b>    | AGE<br><b>87 YEARS</b>                                                    | DATE OF BIRTH<br><b>MARCH 17, 1927</b>                           |
| BIRTHPLACE<br><b>CRESTED BUTTE, COLORADO</b>                                                                                   |                                                 | PLACE OF RESIDENCE<br><b>KELLOGG, IDAHO</b>                               |                                                                  |
| MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>                                                                              |                                                 | NAME OF SURVIVING SPOUSE (if wife; maiden name)<br><b>BARBARA RINALDI</b> |                                                                  |
| FATHER - NAME<br><b>MARTIN ABSEC</b>                                                                                           |                                                 | BIRTHPLACE<br><b>AUSTRIA</b>                                              |                                                                  |
| MOTHER - MAIDEN NAME<br><b>THERESA PLUT</b>                                                                                    |                                                 | BIRTHPLACE<br><b>AUSTRIA</b>                                              |                                                                  |
| METHOD OF DISPOSITION<br><b>BURIAL</b>                                                                                         |                                                 | FUNERAL SERVICE LICENSEE<br><b>DEBBIE C. MIKESELL</b>                     |                                                                  |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>SHOSHONE FUNERAL SERVICES, INC., KELLOGG, IDAHO</b>                                 |                                                 |                                                                           |                                                                  |
| DATE OF DEATH<br><b>AUG. 22, 2014</b>                                                                                          | TIME OF DEATH<br><b>12:19 P.M.</b>              | CITY, TOWN OR LOCATION OF DEATH<br><b>COEUR D'ALENE, IDAHO</b>            | COUNTY OF DEATH<br><b>KOOTENAI</b>                               |
| CAUSE OF DEATH (underlying cause last)<br>a. <b>ISCHEMIC STROKE</b>                                                            |                                                 |                                                                           | Approximate Interval Between<br>Onset and Death<br><b>5 DAYS</b> |
| DUE TO (or as a consequence of):<br>b. <b>HYPERTENSION</b>                                                                     |                                                 |                                                                           |                                                                  |
| DUE TO (or as a consequence of):<br>c. <b>HYPERLIPIDEMIA</b>                                                                   |                                                 |                                                                           |                                                                  |
| DUE TO (or as a consequence of):<br>d.                                                                                         |                                                 |                                                                           |                                                                  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>NONE STATED</b> |                                                 |                                                                           | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>                           |
| MANNER OF DEATH<br><b>NATURAL</b>                                                                                              | NAME OF CERTIFIER<br><b>N. LEON BOOKS, M.D.</b> |                                                                           | TITLE<br><b>PHYSICIAN</b>                                        |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY                                                                                  |                                                 |                                                                           |                                                                  |
| EXTERNAL CAUSES ONLY                                                                                                           |                                                 |                                                                           |                                                                  |
| DATE OF INJURY                                                                                                                 | TIME OF INJURY                                  | PLACE OF INJURY                                                           | INJURY AT WORK?                                                  |
| LOCATION WHERE INJURY OCCURRED                                                                                                 |                                                 |                                                                           |                                                                  |
| DESCRIPTION OF HOW INJURY OCCURRED                                                                                             |                                                 |                                                                           |                                                                  |

JIM BRANNON 2 P 2612185000  
KOOTENAI COUNTY RECORDER  
TAC Date 09/18/2017 2:41 PM  
REQ OF BARBARA ABSEC

RECORDING FEE: \$13.00

XI



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: **AUGUST 27, 2014**

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

PRNCO 00110212

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR





**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](http://idwr.idaho.gov) • Email: [northerninfo@idwr.idaho.gov](mailto:northerninfo@idwr.idaho.gov)

**BRAD LITTLE**  
Governor

**GARY SPACKMAN**  
Director

April 25, 2019

TERRY & KATHLEEN ABSEC  
23 AGATE ST  
KELLOGG ID 83837-2203

Re: Water Right No. 95-15306

Dear Mr. & Mrs. Absec:

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