

CHANGE IN ADDRESS OF NOTICE OF CLAIM

Adjudication Claim Number(s): 95-9850, 95-9709, 95-13912

Previous Mailing Address:

Shanna Garry
321 Signe Park Court
Lake Bluff IL 60044

New Mailing Address:

Estate of Shanna Garry
c/o Drinker Biddle & Reath LLP
191 N. Wacker Drive Ste 3700

Telephone Number:

(312) 569-1517 Chicago IL 60606-1698

Signature(s) of all Claimant(s):

Hadley Garry

Print your name below your signature.

Please mail or FAX this completed form to the office nearest you:Adjudication Section
Idaho Department of Water Resources
7600 N. Mineral Dr., Ste. 100
Coeur d'Alene, ID 83815-7763
Phone 208-762-2800
FAX 208-762-2819Adjudication Section
Idaho Department of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Phone 208-334-2190
FAX 208-334-2348Adjudication Section
Idaho Department of Water Resources
650 Addison Ave. W, Ste. 500
Twin Falls, ID 83301-5858
Phone 208-736-3033
FAX 208-736-3037Adjudication Section
Idaho Department of Water Resources
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402-3653
Phone 208-525-7161
FAX 208-525-7177Adjudication Section
Idaho Department of Water Resources
322 E. Front St.
P.O. Box 83720
Boise, ID 83720-0098
Phone 208-287-4800
FAX 208-287-6700

SCANNED

MAY 24 2018

IDWR Use Only

Revised 02/14

Data Entry:

JAV

Date:

5-24-18



COPY

STATE OF IDAHO
COUNTY OF KOOTENAI
FILED:

2018 JAN 23 PM 3:00

CLERK DISTRICT COURT

Scott L. Poorman, ISB #4701
SCOTT L. POORMAN, P.C.
320 E. Neider Ave., Suite 204
Coeur d'Alene, ID 83815
Telephone: (208) 772-6800
Facsimile: (208) 772-6811
Email: office@poormanlegal.com

Attorney for Foreign Personal Representative

JIM BRANNON 8 P 2628967000
KOOTENAI COUNTY RECORDER
CMK Date 01/23/2018 3:10 PM
REQ OF SCOTT POORMAN PC

RECORDING FEE: \$31.00

XX



IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF KOOTENAI

In the Matter of the Estate of

SHANNA F. GARY,

Deceased.

Case No. CV 18-

808

PROOF OF AUTHORITY OF
DOMICILIARY FOREIGN
PERSONAL REPRESENTATIVE

I.C. 15-4-204

The undersigned, as domiciliary foreign personal representative of the estate of the above-named decedent, states and represents that:

1. The decedent, SHANNA F. GARY, died on September 2, 2017, as a resident of Lake County, State of Illinois.
2. At the time of her death, the decedent owned an interest in real property located in Kootenai County, Idaho.
3. On October 19, 2017, Hadley Gary was duly appointed as an Independent Administrator of the estate of the decedent by the Circuit Court of the Nineteenth Judicial Circuit in Lake County, Illinois. Authenticated copies of the **Order Appointing Representative of Decedent's Estate and Letters of Office** appointing Hadley Gary as Independent Administrator are attached hereto.

JAMES COMBO

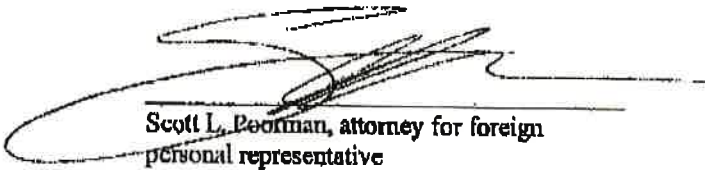
Proof of Authority of Domiciliary Foreign Personal Representative

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SCANNED
FEB 20 2019

4. There is no administration of the decedent's estate, or application or petition for such administration, now pending in the State of Idaho.
5. This Proof of Authority is filed pursuant to the Idaho Uniform Probate Code to enable the undersigned to exercise the power of a local personal representative in the State of Idaho and to maintain actions and proceedings in the State of Idaho, subject to any conditions imposed upon nonresident parties generally.

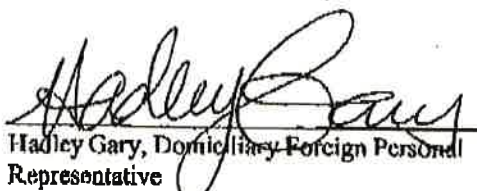
Dated this 23 day of January 2018.


 Scott L. Peotman, attorney for foreign
 personal representative

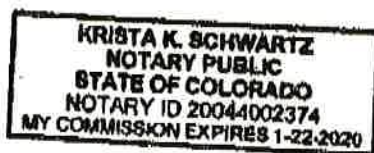
VERIFICATION

STATE OF COLORADO)
 : ss
 COUNTY OF LARIMER)

I, Hadley Gary, being duly sworn under oath, hereby verify and affirm that the facts set forth in the foregoing **Proof of Authority of Domiciliary Foreign Personal Representative** are true, accurate, and complete to the best of my knowledge, information and belief.


 Hadley Gary, Domiciliary Foreign Personal
 Representative

SUBSCRIBED AND SWORN to before me this 9 day of January 2018.




 NOTARY PUBLIC FOR COLORADO
 Residing at: 1601-A E. Harmony Rd, F.C. Collins, CO
 My Commission Expires: 01/20/2020 80525

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS

ESTATE OF

FILED
OCT 10 2017Case No. 17 P907Shanna F. GaryDeceased
Circuit Clerk

ORDER APPOINTING REPRESENTATIVE OF DECEDENT'S ESTATE

On the verified petition for issuance of letters of office and:

- ☐ the petition for admission to probate of the will of the decedent;
- ☒ no petition having been filed for admission to probate of the will of the decedent;

1. IT IS ORDERED THAT:

- ☐ The will of _____ dated _____
(name of decedent)
(and codicil dated _____) be admitted to probate.
- ☒ No will is admitted to probate.

2. Administration of the estate shall be:

- ☒ Independent. The representative in independent administration shall file annual reports; the first of which is due on or before 60 days after the expiration of the one year anniversary of this Order and annually thereafter.
- ☐ Supervised. The representative in supervised administration shall file an inventory within 60 days; and shall file annual reports and accounts, the first of which is due on or before 60 days after the expiration of the one year anniversary of this Order and annually thereafter.

3. Letters of office shall issue to Hadley Gary as:

- ☐ Executor(s). (insert name)
- ☒ Administrator(s).
- ☐ Administrator(s) With Will Annexed.

ENTER:

Donna J. Vordeshoven
JUDGEDated this 19 day of Oct, 2017.

Prepared by:

Name: Drinker Biddle & Reath LLPAttorney's Name: Quin R. FrazerAddress: 191 North Wacker Drive, Suite 3700City: Chicago State: ILPhone: 312-569-1342 Zip Code: 60606-1698Fax: 312-569-3342ARDC #: 0866512

171P-13 (Rev. 12/11)

SCANNED
FEB 20 2019

Erin Cartwright Weinstein
Clerk of the Circuit Court
18 North County Street
Waukegan, IL 60085
(847) 377-3380

STATE OF ILLINOIS)
) SS
LAKE COUNTY)

I, ERIN CARTWRIGHT WEINSTEIN, Clerk of the Circuit Court of the NINETEENTH JUDICIAL
CIRCUIT, Lake County, in and for the State of Illinois, and keeper of the records, files and
seal thereof, do hereby certify the foregoing to be a Order Appointing Representative
of Decedent's Estate name of order

entered by said Court on October 19, 2017
date

in the Estate of Shanna F. Gary Deceased
name deceased, minor, disabled

IN TESTIMONY WHEREOF, I
have hereunto set my hand
and affixed the seal of said
Court, at my office in
Waukegan, in said County this 12th
day of January, 20 18

Erin Cartwright Weinstein

Erin Cartwright Weinstein
Clerk of the Circuit Court

TMV
Deputy Clerk

Order

SCANNED
FEB 20 2019

CERTIFICATION OF DEATH RECORD

CITY OF HIGHLAND PARK
HIGHLAND PARK, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 0010071073

MEDICAL EXAMINER'S CASE NUMBER 1700020822

DATE ISSUED

9/8/2017

DECEDENT'S LEGAL NAME SHANNA FISCH GARY		SEX FEMALE	DATE OF DEATH SEPTEMBER 02, 2017	
COUNTY OF DEATH LAKE	AGE AT LAST BIRTHDAY 67 YEARS	DATE OF BIRTH MARCH 23, 1980		
CITY OR TOWN HIGHLAND PARK	HOSPITAL OR OTHER INSTITUTION NAME HIGHLAND PARK HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHEYENNE, WY	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES NO	
RESIDENCE 321 SUGNE CT	CITY OR TOWN LAKE BLUFF	STATE ILL	ZIP CODE 60044	INSIDE CITY LIMITS YES
COUNTY LAKE	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HARRY FISCH	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JUDITH MARALDO		
INFORMANT'S NAME SHADLEY GARY	RELATIONSHIP DAUGHTER	MAILING ADDRESS 2400 JOHN F. KENNEDY PKWY Q207, FORT COLLINS, CO 80525		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MOUNT OLIVET MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE ZION, IL	DATE OF DISPOSITION SEPTEMBER 07, 2017	
FUNERAL HOME WENBAN FUNERAL HOME LTD, 320 EAST VINE AVENUE, LAKE FOREST, IL 60045				
FUNERAL DIRECTOR'S NAME TIMOTHY JOEL KAROWSKI		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016101		
LOCAL REGISTRAR'S NAME OHIDA S. NEUKIRCH		DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 7, 2017		
CAUSE OF DEATH PART I. TUMORLYSIS				
IMMEDIATE CAUSE (Final medical or surgical diagnosis) LYMPHOMA				
Due to (or as a consequence of)				
Due to (or as a consequence of)				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying disease given in PART I.				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		WAS AN AUTOPSY PERFORMED? NO		
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? NO
LOCATION OF INJURY		MANNER OF DEATH NATURAL		
DESCRIBE HOW INJURY OCCURRED		IF TRANSPORTATION INJURY, SPECIFY		
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 17, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:14 AM
CERTIFYING PHYSICIAN		DATE CERTIFIED SEPTEMBER 07, 2017		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DEPT IN LIN 101 WAUKEGAN RD, STE 1200 LAKE BLUFF, ILLINOIS 60044		PHYSICIAN'S LICENSE NUMBER 038004192		

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Ohida S. Neukirch
City of Highland Park, Local Registrar

SCANNED
FEB 7 2018
16-712 FOS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE