

RECEIVED

JAN 14 2021

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. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #6 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
87-10550	Yes ☐	Yes ☐		Yes ☐	Yes ☐
87-10551	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Bruce H. Blazzard
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Carolyn A. Blazzard
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 1380 Rock Creek Road Potlatch ID 83855
Mailing address City State ZIP
- 208.553.4268 cgb laz@potlatch.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: June 8, 2020 (DOD - Bruce)
6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed IRS Form W-9 for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed Lessor Designation form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).
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.
- ☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
- ☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Carolyn A Blazzard January 13, 2021
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

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐

Name on W-9 Carolyn A Blazzard Approved by SK Processed by SK Date 1-19-2021

1380 Rock Creek Rd.
Potlatch, Idaho
83855

January 13, 2021

To Christopher Holmes;
Water Resource Agent

In regards to the Claim of Water Rights on the well 87-10551, my husband (Bruce H. Blazard - deceased) and I bought the land at 1380 Rock Creek Road in 1996 from Carl & Vicki Beach. The well was operational at that time. Bruce & I moved to the property in December of 2002. Our home was constructed on the property and finished in June of 2003. I hope this gives a clear picture for determining a priority date of the well.

Regards,
Carolyn A. Blazard

7017 65th Street NE
Marysville, Washington
98270

To Christopher Holmes,
Water Resource Agent

I am writing this letter on behalf of Carol Blazzard for the purpose of Water Claims Rights 87-10550. My name is Les Syron and I owned the property at 1380 Rock Creek Road in Potlatch.

We used the well water to supply our home and the priority dates to 1970- 1981

I hope this letter is fully explanatory for your current question.

Signed: Leslie W. Syron Date 1-5-2021

I lived in the house and used the well from 1970-1981. It was always good water and had plenty. I lived in the house next door and as far as I can remember they always had that well. So would have guessed that the well was put in ~~in~~ the 30th or 40th.

WARRANTY DEED

CARL T. BEACH and VICKI L. BEACH, husband and wife, Grantors, for good and valuable consideration, the receipt of which is hereby acknowledged, do hereby grant, bargain, sell and convey unto BRUCE H. BLAZZARD and CAROL BLAZZARD, husband and wife, Grantees, whose current address is 1117 Richardson, Lewiston, Idaho 83501 and to Grantees' heirs and assigns forever, all of the following described real property situated in Latah County, State of Idaho, to-wit:

The South 574.57 feet of the NE1/4 NE1/4 of Section 25, Township 41 North, Range 5 West Boise Meridian, lying East of the Rock Creek Road.

All that part of the North 45 Rods of the NE1/4 of Section 25, Township 41 North, Range 5 West Boise Meridian, lying South and East of the Rock Creek County Road.

Government Lot 1 (NW1/4 NW1/4) of Section 30, Township 41 North, Range 4 West Boise Meridian.

Together with all and singular the tenements, hereditaments and appurtenances thereto and subject to general property taxes for 1997 not yet due and payable

Grantors, for themselves, their heirs and assigns, hereby covenant that they are the owners in fee simple of said premises and that they do warrant and will defend the quiet and peaceable possession of said premises by Grantees, their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, Grantors have hereunto subscribed their names to this instrument this 24th day of October, 1997.

GRANTORS:


Carl T. Beach


Vicki L. Beach

430632

STATE OF IDAHO)
)ss.
County of Latah)

On this 24th day of October, 1997, before me, the undersigned, a Notary Public in and for said State, personally appeared Carl T. Beach and Vicki L. Beach, husband and wife, known or identified to me to be the persons whose names are subscribed to the foregoing instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal on the date last above written.



S. Anderson
NOTARY PUBLIC for Idaho
Residing at: MOSCOW
My commission expires: 2/28/01

NO. 430632
AT THE REQUEST OF:
MOSCOW TITLE, INC
DATE & HOUR:
10/24/97 2:55 PM
SUSAN PETERSEN
LATAH COUNTY RECORDER
FEE \$ 6.00 BY [Signature]
MOSCOW TITLE, INC

FILMED

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 PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §49-201 AND §49-271, 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) BRUCE HOPWOOD BLAZZARD		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 78 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 08/19/1941	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		8. BIRTHPLACE (City and State, Territory, or Foreign Country) COALVILLE, UTAH	
	7b. COUNTY LATAH		7c. CITY OR TOWN POTLATCH	
PARENTS	7d. STREET AND NUMBER 1380 ROCK CREEK ROAD		7e. APT. NO. 83855	
	7f. ZIP CODE 83855		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
INFORMANT	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) CAROLYN ANNE GOBBLE	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) JAMES HOPWOOD BLAZZARD	
DISPOSITION	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ANNA MAE RICHARDS		11b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH	
	13a. INFORMANT'S NAME (Type or print) CAROLYN A. BLAZZARD		13b. RELATIONSHIP TO DECEDENT WIFE	
PLACE OF DEATH	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) LEWIS - CLARK MEMORIAL GARDENS 3521 7TH STREET LEWISTON, IDAHO 83501	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME 920 21ST AVENUE LEWISTON, IDAHO 83501		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DENNIS W. HASTINGS	
DATE OF DEATH	17b. LICENSE NUMBER (Of licensee) M0791		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DCA		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)	
CAUSE OF DEATH	20. FACILITY NAME (If not facility, give street and number) GRITMAN MEDICAL CENTER		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE MOSCOW, ID 83843	
	22. COUNTY OF DEATH LATAH		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 8, 2020	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	24. TIME OF DEATH (24hr) 07:42		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 8, 2020	
	26. TIME PRONOUNCED DEAD (24hr) 07:42		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. VERTEBRAL OSTEOMYELITIS WITH ESOPHAGEAL ABSCESS AND DUE TO (or as a consequence of): b. STAPH AUREUS BACTEREMIA DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____	
CERTIFIER: Complete Within 72 Hours of Death	28a. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		28b. 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	
	29. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]		30. TIME OF INJURY (24hr) [REDACTED]	
CERTIFIER	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	33. INJURY AT WORK? ☐ Yes ☒ No		34. DATE SIGNED 6 / 10 / 2020 MM DD YYYY	
REGISTRAR	35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		36. 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	
	37. TRANSPORTATION INJURY ONLY 37a. WAS DECEDENT: ☐ Driver/Operator ☒ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 37b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		38. PHYSICIAN (Check only one, based on official capacity for this certificate) ☒ 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: MUSA MODAD, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MUSA MODAD, 804 S. WASHINGTON ST STE A MOSCOW, ID 83843	

DATE ISSUED: JUN 11 2020

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

JAMES B. AYDELOTTE
STATE REGISTRAR

