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DEPARTMENT OF
WATER RESOURCES

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

**IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 49576

Claim ID: 95-18145

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) Michael T and Donna R Hickle Joint Living Trust Phone (602) 432-3953
Mailing address 10409 W LYNX TRL COEUR D'ALENE ID Zip 83814
Street or Box City State
Email address (optional) mhickle@cox.net
- Date of priority: (Only one per claim) 12/31/2011 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 50N, Range 05W, Section 35,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 50N05W351400
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
WELL WITH PIPELINE TO HOME
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 50N, Range 05W, Section 35,
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME
If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (✓) No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

APPROXIMATE DATE HOME COMPLETED AND CONNECTED TO WELL

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

- (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Water System Adjudication."
(b.) I/We do () do not (✓) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

COTRUSTEE of MICHAEL T. AND DONNA R. HICKLE
JOINT LIVING TRUST
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date 8-15-21

Printed Name of Authorized Agent MICHAEL T. HICKLE

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

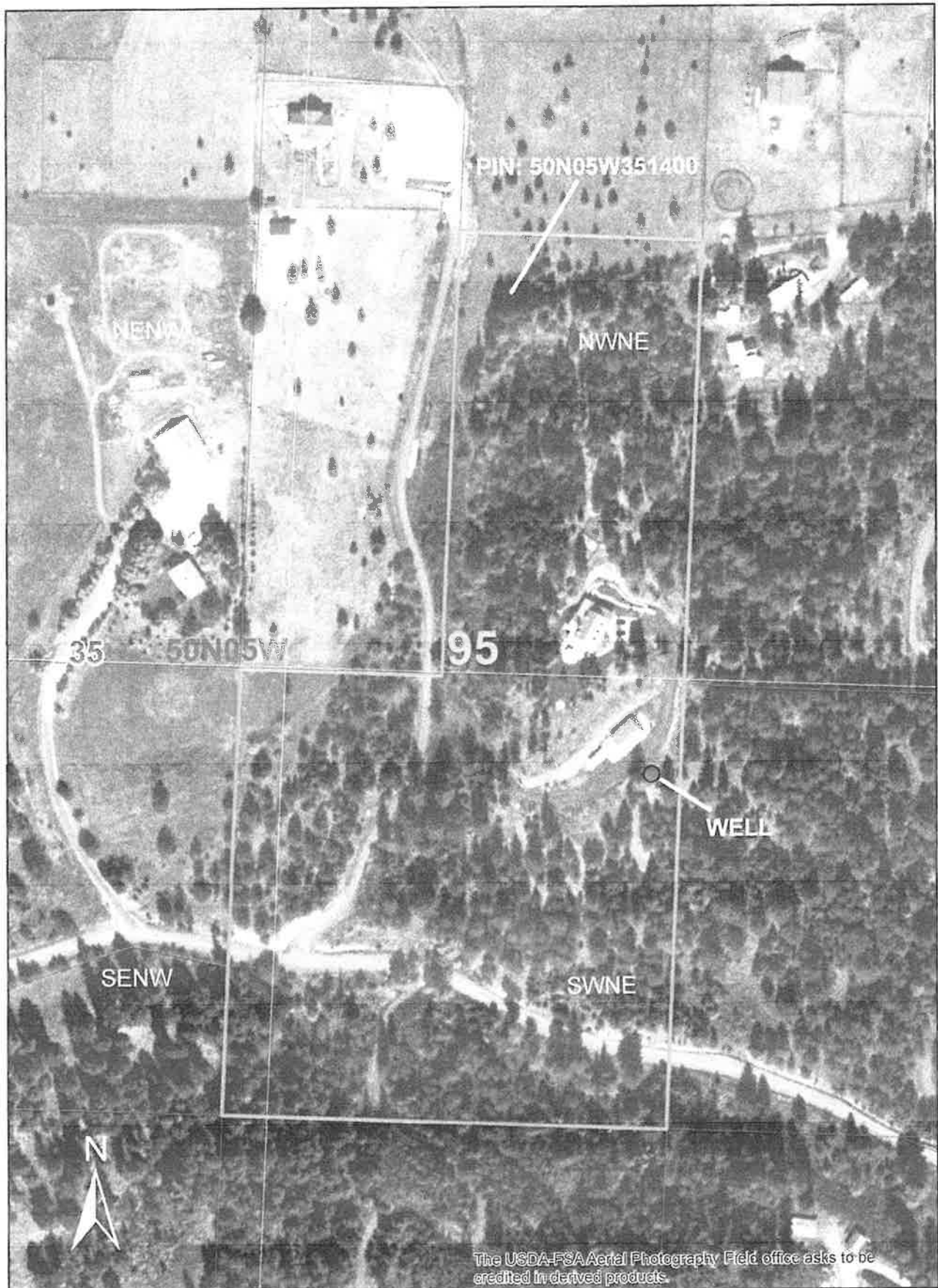
Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

PARCEL LOCATION OF CSRBA CLAIM

2013 AERIAL PHOTO



The USDA-FSA Aerial Photography Field office asks to be credited in derived products.

Identify



Identify from:

Tax Parcels

Tax Parcels

MICHAEL T AND DONNA R HICKLE JOINT LIVING TRUST



Location:

2,280,345.889 1,830,667.261 Meters

Field	Value
ID	12873677
UPDATED	2/5/2021
PIN	50N05W351400
OWNER	MICHAEL T AND DONNA R HICKLE JOINT LIVING TRUST
ADDRESS1	545 E HORSESHOE AVE
ADDRESS2	<null>
CITY	GILBERT
STATE	AZ
ZIPCODE	85296
P_ADDRESS	10409 W LYNX TRL
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	NW-SW-NE, TX=21062 EX N 660 FT [IN NE-35-50-5W]
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	15
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	2011

Identified 1 feature