

RECEIVED

SEP 20 2021

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. 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 #7 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
87-11697	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: NELSON REVOCABLE TRUST, HAROLD & GERALDINE NELSON TRUSTEES
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): HAROLD & GERALDINE NELSON REVOCABLE TRUST, TERESA BROWN, NANCY RUSSELL & JANE NELSON TRUSTEES
New owner(s) as listed on the conveyance document Name connector ☐ and ☒ or
- 1030 ESTES RD MOSCOW ID 83843
Mailing address City State Zip
208-859-5620 2990burns@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: 3/23/2021
6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.
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.
☐ 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: Jane E Nelson Trustee 9/15/21
Signature of new owner/claimant Title, if applicable Date
Jane E Nelson
Print name

Signature: _____
Signature of new owner/claimant Title, if applicable Date

Print name

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 _____ Approved by [Signature] Processed by [Signature] Date 9-20-2021

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 06 2021

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?
87-11697	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Nelson, Geraldine & Harold Nelson Revocable Trust
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Teresa Brown, Nancy Russell & Jane Nelson
New owner(s) as listed on the conveyance document
- Mailing address: 1030 Estes Rd City: Moscow State: ID ZIP: 83843
 Telephone: 208.859.5620 Email: 2990 burns@gmail.com

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: 3/23/2021
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):
 o \$25 per *undivided* water right.
 o \$100 per *split* water right.
 o 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: Jane E Nelson Title, if applicable: Trustee Date: 6/30/21
Signature of new owner/claimant
- Signature: _____ Title, if applicable: _____ Date: _____
Signature of new owner/claimant

For IDWR Office Use Only:

Received by Ja Date 7-7-21 Receipt No. N037145 Receipt Amt. 25⁰⁰
 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 _____ Approved by _____ Processed by _____ Date _____

04/12/2021

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 87-11697

NAME AND ADDRESS: NELSON, GERALDINE & NELSON REVOCABLE TRUST
545 N GARDEN PLZ APT 356
POST FALLS ID 83854

NELSON, HAROLD TRUSTEES
545 N GARDEN PLZ APT 356
POST FALLS ID 83854

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

The quantity of water under this right shall not exceed 13,000 gallons per day.

PRIORITY DATE: 12/31/1910

POINT OF DIVERSION: T40N R06W S36 SWNE Within LATAH County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.040 CFS

Domestic use is for 1 home.

PLACE OF USE:

DOMESTIC in LATAH County

T40N R06W S36 SWNE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Idaho Code § 42-1412(6).

The quantity of water decreed for this water right is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Parcel No. RP40N06W361216A

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed AUGUST 16, 2018

State File No. 2018-08728

DECEDENT - LEGAL NAME HAROLD STAFFORD NELSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 90 YEARS	DATE OF BIRTH FEBRUARY 06, 1928
BIRTHPLACE PULLMAN, WASHINGTON		PLACE OF RESIDENCE POST FALLS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED	NAME OF SURVIVING SPOUSE (If wife, maiden name) GERALDINE M. VIGER		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME HJALMER NELSON		BIRTHPLACE MINNESOTA	
MOTHER - MAIDEN NAME MINNIE J. HELD		BIRTHPLACE IDAHO	
METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE DONEDA R. ALLEN		
NAME AND ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME, COEUR D'ALENE, IDAHO			
DATE OF DEATH AUG. 14, 2018	TIME OF DEATH 6:25 A.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. ACUTE HYPOXEMIC RESPIRATORY FAILURE			Approximate Interval Between Onset and Death 10 DAYS
DUE TO (or as a consequence of): b. CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE			YEARS
DUE TO (or as a consequence of): c. AORTIC VALVE DISEASE			YEARS
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above ATRIAL FIBRILLATION; RENAL FAILURE; DEMENTIA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER LISA GRACE MARIE BREISACHER, N.P.		TITLE A.P.R.N.
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			

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.

SEPTEMBER 19, 2019

DATE ISSUED:

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-014350

LOCAL FILE NUMBER: 1855

DATE ISSUED: 03/29/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GERALDINE MARIE
LAST NAME(S): NELSON

COUNTY OF DEATH: WHITMAN
DATE OF DEATH: MARCH 23, 2021
HOUR OF DEATH: 06:40 PM
SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: AUGUST 07, 1931
BIRTHPLACE: EDMORE, ND

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: JANE E NELSON
RELATIONSHIP: DAUGHTER
ADDRESS: 1030 ESTES ROAD MOSCOW, ID 83843

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: MONTHS
B: VALVULAR HEART DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BISHOP PLACE
CITY, STATE, ZIP: PULLMAN, WASHINGTON 99163

RESIDENCE STREET: 815 SW KLEMGARD AVE 132
CITY, STATE, ZIP: PULLMAN, WA 99163
INSIDE CITY LIMITS: YES COUNTY: WHITMAN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 MONTHS

FATHER: GOODWIN O VIGER
MOTHER: LUCILLE E ERICKSON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOSCOW CITY CEMETERY

CITY, STATE: MOSCOW, IDAHO
DISPOSITION DATE: APRIL 03, 2021

FUNERAL FACILITY: SHORT'S FUNERAL CHAPEL

ADDRESS: 1225 EAST 6TH ST
CITY, STATE, ZIP: MOSCOW, IDAHO 83843
FUNERAL DIRECTOR: DAVE L. HUTTON

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ERIC A. SOHN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 9507 N. DIVISION, SUITE K
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208
DATE SIGNED: MARCH 25, 2021

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 21-WC059
ATTENDING PHYSICIAN: ERIC SOHN, PHYSICIAN

LOCAL DEPUTY REGISTRAR: NOEL CHRISTIANSEN
DATE RECEIVED: MARCH 26, 2021

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THIRD AMENDMENT
TO
TRUST AGREEMENT

HAROLD S. NELSON and GERALDINE M. NELSON, as "Trustors," and HAROLD S. NELSON, GERALDINE M. NELSON and NANCY M. RUSSELL, as "Trustees," entered into a Trust Agreement dated September 24, 1997, known as the HAROLD AND GERALDINE NELSON REVOCABLE TRUST. Under Section 7.1.5 of said Trust Agreement, Trustors retained the right and power to amend the Trust Agreement and did so by a First Amendment to Trust Agreement ~~dated November 5, 2004, and again by a Second Amendment to the Trust Agreement dated~~ December 14, 2006. Trustors now desire to further amend said Trust Agreement.

THEREFORE, said Trust Agreement is hereby amended in the following respects:

AMENDMENT I.

- I. The Trustees are hereby amended as follows:

HAROLD S. NELSON, GERALDINE M. NELSON, NANCY M. RUSSELL, JANE E. BURNS, and TERESA L. BROWN are all hereby appointed as "co-Trustees."

AMENDMENT II.

- II. Section 8.1 is hereby amended to read as follows:

8.1 Alternate Trustees.

8.1.1 Upon the death or incapacity of either of Trustors, the other Trustor shall continue to serve as a co-Trustee of each Trust hereunder, subject to the limitations set forth in Sections 7.2 and 8.3. A Trustor's incapacity may be determined as provided in Section 3.3.

8.1.2 If NANCY M. RUSSELL, JANE E. BURNS, or TERESA L. BROWN are unable or unwilling to serve, or continue to serve, as a co-Trustee, then the others shall serve, or continue to serve, as co-Trustees.

8.1.3 A successor Trustee shall have no obligation to determine the accuracy or propriety of any act or omission of a predecessor Trustee and shall have no liability or obligation arising out of any act or omission occurring prior to the assumption of duties as a Trustee.

EXECUTED this 22 day of July 2011.

"TRUSTORS"

Harold S. Nelson

HAROLD S. NELSON

Geraldine Nelson

GERALDINE M. NELSON

I hereby accept appointment as a co-Trustee of the HAROLD AND GERALDINE NELSON
REVOCABLE TRUST, effective as of the date written below:

DATE: 6-27-11, 2011

Harold S. Nelson
HAROLD S. NELSON

DATE: 6-27-11, 2011

Geraldine M. Nelson
GERALDINE M. NELSON

DATE: 07-06, 2011

Nancy M. Russell
NANCY M. RUSSELL

DATE: 6/27/, 2011

Jane E. Burns
JANE E. BURNS

DATE: 7-13-, 2011

Teresa L. Brown
TERESA L. BROWN

FOURTH AMENDMENT
TO
TRUST AGREEMENT

HAROLD S. NELSON and GERALDINE M. NELSON, as "Trustors," and HAROLD S. NELSON, GERALDINE M. NELSON and NANCY M. RUSSELL, as "Trustees," entered into a Trust Agreement dated September 24, 1997, known as the HAROLD AND GERALDINE NELSON REVOCABLE TRUST. Under Section 7.1.5 of said Trust Agreement, Trustors retained the right and power to amend the Trust Agreement and did so by First Amendment to Trust Agreement dated November 5, 2004, by Second Amendment to the Trust Agreement dated December 14, 2006, and again by Third Amendment to the Trust Agreement dated July 22, 2011. Trustors now desire to further amend said Trust Agreement.

THEREFORE, said Trust Agreement is hereby further amended in the following respects:

AMENDMENT I

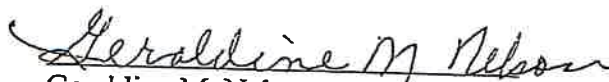
Attached as Schedule A is a corrected schedule of real estate and personal property that is in the Trust as of this date, October 14, 2015.

TRUSTORS

Date: 23 Oct, 2015


Harold S. Nelson

Date: 23 Oct, 2015


Geraldine M. Nelson

TRUSTEES

Date: 23 Oct, 2015

Harold S. Nelson
Harold S. Nelson

Date: Oct 25, 2015

Geraldine M. Nelson
Geraldine M. Nelson

Date: Oct 25, 2015

Nancy M. Russell
Nancy M. Russell

Date: Oct 25, 2015

Jane E. Burns
Jane E. Burns

Date: 23 Oct., 2015

Teresa L. Brown
Teresa L. Brown

IN WITNESS WHEREOF, the Trustor and Trustee have caused this Agreement to be executed on the day and year first above written.

TRUSTORS

TRUSTEE

Harold S. Nelson
HAROLD S. NELSON

Harold S. Nelson
HAROLD S. NELSON

Geraldine M. Nelson
GERALDINE M. NELSON

Geraldine M. Nelson
GERALDINE M. NELSON

Nancy M. Russell
NANCY M. RUSSELL

STATE OF WASHINGTON)
) ss.
County of Whitman)

I certify that I know or have satisfactory evidence that HAROLD S. NELSON and GERALDINE M. NELSON, husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: September 24, 1997.



Signature: _____
Print Name: _____

Notary Public in and for the
State of Washington, residing
at Pulmon.

My appointment expires: 7.22.01

RECEIVED
AUG 15 2017
ADA COUNTY CLERK

Jane Elizabeth Burns
1064 E Wrightwood Dr
Meridian, Idaho 83642
Telephone (208) 859-5620

Signed: 8/30/2017 11:28 AM

FILED By: 4 Deputy Clerk
Fourth Judicial District, Ada County
CHRISTOPHER D. RICH, Clerk

Pro Se

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

JANE ELIZABETH BURNS,

Petitioner,

v.

STEPHEN JONATHAN BURNS,

Respondent.

Case No. CV01-17-14194

JUDGMENT

JUDGMENT is entered as follows:

1. **DIVORCE.** Petitioner hereinafter referred to as "Jane" and Respondent hereinafter referred to as "Stephen" are granted a divorce from each other on the grounds of irreconcilable differences. Each is restored to the status of a single person.
2. **MAIDEN NAME RESORTED.** Jane is restored to her maiden name to wit "Jane Elizabeth Nelson".
3. **PROPERTY AND DEBT SCHEDULE.** Attached hereto as **Exhibit 1** and by this reference incorporated herein is a property and debt schedule (PDS) providing for the disposition of the property of the parties and assigning responsibility for their debts:

3.01. Stephen is awarded the items under the column entitled to Husband as indicated with "x" or dollar amount.

3.02. Jane is awarded the items under the column entitled to Wife as indicated with "x" or dollar amount.

4. REAL PROPERTY: The parties own certain real property located at 1064 E Wrightwood Dr., Meridian, Ada County, and State of Idaho. Stephen is hereby awarded said real property, subject to the debt thereon, holding Jane harmless there from. Stephen shall pay directly to Jane \$70,000 for his half the equity of said real property. Stephen shall refinance the underlying obligation within ninety (90) days following entry hereof to relieve Jane from any liability thereon. Jane shall execute a Quitclaim Deed in favor of Stephen to effectuate this provision.

5. PAYMENT OF DEBTS BY STEPHEN: Stephen shall pay the debts as indicated with an "x" under the column titled to Husband on the attached PDS and any other debts he has incurred. Stephen shall indemnify and hold Jane harmless from the debts to be paid by him.

6. PAYMENT OF DEBTS BY JANE: Jane shall pay the debts as indicated with and "x" under the column titled to Wife on the attached PDS and any other debts she has incurred. Jane shall indemnify and hold Stephen her harmless from the debts to be paid by her.

7. EXECUTION OF DOCUMENTS: Within fourteen (14) days of being presented a document, the parties hereto agree to make, execute and deliver such deeds or other documents as may be requested by the other party to carry out the full performance of this Agreement

STATE OF IDAHO } ss
COUNTY OF ADA }

I, Phil McGrane, Clerk of the District Court of
The Fourth Judicial District of the State of Idaho,
in and for the County of Ada, do hereby certify that
the foregoing is a true and correct copy of the original
on file in this office. In witness whereof, I have hereunto
set my hand and affixed my official seal this 15 day

of April, 20 17
PHIL McGRANE

By Thyee Silverthorne Deputy

Signed: 8/28/2017 12:58 PM

DATED This _____ day of August, 2017.

[Signature]
The Honorable William G. Harrigfeld

CERTIFICATE OF SERVICE

I HEREBY CERTIFY That on the 30 day of August, 2017, a true and correct copy of the
within and foregoing instrument was served upon:

Jane Elizabeth Burns
1064 E Wrightwood Dr.
Meridian, ID 83642
Served by: U. S. Mail

Stephen Jonathan Burns
1064 E Wrightwood Dr.
Meridian, ID 83642
Served by: U. S. Mail

CHRISTOPHER D. RICH

Signed: 8/30/2017 11:28 AM

[Signature]
Clerk of the Court



STATE OF IDAHO } ss
COUNTY OF ADA }

I, Phil McGrane, Clerk of the District Court of
The Fourth Judicial District of the State of Idaho,
in and for the County of Ada, do hereby certify that
the foregoing is a true and correct copy of the original
on file in this office. In witness whereof, I have hereunto
set my hand and affixed my official seal this 15 day

of April, 20 17
PHIL McGRANE

By Thyee Silverthorne Deputy

