

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 CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Claim ID: 97-9440Date Received: 6-27-22Receipt No: N040236Claim Fee: \$2500 By: NS

RECEIVED

JUN 27 2022

IDWR / NORTH

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

1. Name of claimant(s) Lori K. Hansen Phone (208) 437-2209
 Mailing address 301 Larsen Lane Oldtown Idaho Zip 83822
Street or Box City State
 Email address (optional) Lkhansengpovn.com
2. Date of priority: (Only one per claim) October 4, 1995 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
 which is tributary to (b) _____
4. Location of point of diversion is: Township 56N, Range 5W, Section 1,
SW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Bonner;
 Parcel no. RP56N05W013301A
 Additional points of diversion, if any: None
 If available, GPS coordinates: Unknown
5. 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.
Domestic Well 6" casing 100' deep
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (X) or AFY ()
For <u>Domestic</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>0.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed 0.04 cfs (X) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic - 1 household, lawn & garden

9. Location of place of use is: Township 56N, Range 5W, Section 1,
SW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. RP56N05W013301A
If different than shown in Item 4
for (check one) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any None

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

11. Do you own the property listed above as place of use? Yes (X) 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 (X)

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

Well was drilled and completed on 10/4/1995. This property is a portion of the Estate of Molly Hansen, which has been distributed to her children.

14. Basis of claim (check one) **Beneficial Use** (X) **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 Clark Fork-Pend Oreille River Basin Water System Adjudication."

(b.) I/We do () do not (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3

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) Lori K. Hansen Date: 6/25/22

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

N/A of _____,
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 _____

Printed Name of Authorized Agent _____

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) Hansen, Lori K Claim ID _____

Notice of Claim to Water Rights on Parcel RP56N05W013301A
Property Location in Bonner County - 535 Stone Johnny Road; Priest River, Idaho 83856

Continuation of
13. Remarks

Name of Claimants on this claim

Lori Hansen (Address on claimant form – page 1)
and/or Kelly Bradbury; and/or Kevin Hansen and/or Terri Allen at the following addresses:

Kelly Bradbury	Kevin Hansen	Terri Allen
26961 Highway 57	230 Larsen Lane	1958 Almo Ave
Priest River ID 83856	Oldtown, ID 83822	Burley, ID 83318

Per Court Case No. CV2000-1596 – Stipulated Trust & Estate Dispute Resolution Act Agreement; in the District Court of the First Judicial District of the State of Idaho, Bonner County Idaho; in the matter of the Estate of Eleanor Page, deceased, the Real Property portion of the trust; located at 535 Stone Johnny Road, Priest River, Idaho was distributed and became a part of the Estate of Molly K. Hansen;

The four children of Molly K. Hansen (named above) inherited her estate at her death on April 21, 2014.

Attachment #1- Parcel RP56N05W013301A
Hansen, Lori K.

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 APRIL 28, 2014

State File No. 2014-03801

DECEDENT - LEGAL NAME MOLLY KAREN HANSEN			
SEX FEMALE	SOCIAL SECURITY NUMBER 518-42-5026	AGE 78 YEARS	DATE OF BIRTH FEBRUARY 24, 1936
BIRTHPLACE ALZADA, MONTANA		PLACE OF RESIDENCE PRIEST RIVER, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (If wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME MAYNARD MORRIS PAGE			BIRTHPLACE INDIANA
MOTHER - MAIDEN NAME ELEANOR ROSE ROZELL			BIRTHPLACE SOUTH DAKOTA
METHOD OF DISPOSITION REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE KEITH W. CAMPBELL	
NAME AND ADDRESS OF FUNERAL FACILITY SHERMAN-KNAPP FUNERAL HOME, INC, PRIEST RIVER, IDAHO			
DATE OF DEATH APR. 21, 2014	TIME OF DEATH 12:00 NOON	CITY, TOWN OR LOCATION OF DEATH PRIEST RIVER, IDAHO	COUNTY OF DEATH BONNER
CAUSE OF DEATH (underlying cause last) a. LUNG CANCER, NON SMALL CELL			Approximate Interval Between Onset and Death MONTHS
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above DVT, COPD			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER GEOFF S. JONES, M.D.		TITLE PHYSICIAN
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.

DATE ISSUED: JUNE 05, 2014

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

78100 (6/01) 0212

Hansen Lori K

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: NOVEMBER 09, 1999

STATE FILE NUMBER: 99-07652

DECEDENT: ELEANOR ROSE PAGE

DATE OF DEATH: OCT. 29, 1999
TIME OF DEATH: 5:45 A.M.

PLACE OF DEATH: SANDPOINT, IDAHO

DATE OF BIRTH: OCT. 24, 1907

PLACE OF BIRTH: SOUTH DAKOTA

AGE: 92 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER: 519-38-8687 RESIDENCE: PRIEST RIVER, IDAHO

FATHER: ELMER ALVIN ROZELL
FATHERS BIRTHPLACE: NEBRASKA
MOTHER (MAIDEN): FRANKIE BUTCHER
MOTHERS BIRTHPLACE: SOUTH DAKOTA

MORTUARY: SHERMAN-KNAPP FUNERAL HOME
MORTICIAN: JOHN TRUMBULL

WASHINGTON
DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: MARK ALLEN HERNANDEZ, M.D.

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

PNEUMONIA
NON Q WAVE MYOCARDIAL INFARCTION

10-14 DAYS
10-14 DAYS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

MANNER OF DEATH: NATURAL

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: APRIL 14, 2000

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

SWNW 1
Attachment 2
Hansen, Lori K



MAKE CHECK PAYABLE TO:
BONNER COUNTY TREASURER
& TAX COLLECTOR
1500 Hwy 2 Suite 304
Sandpoint, ID 83864-1793

Phone: (208) 265-1433

IMPORTANT TAX DOCUMENT

20687*59**G50**0.788**1/2*****AUTO5-DIGIT 83524
HANSEN MOLLY K ESTATE
% HANSEN LORI
& BRADBURY KELLY CO-PERS REP
301 LARSEN LN
OLDTOWN ID 83822-7567



eNoticesOnline.com
Go Paperless

AUTHORIZATION CODE
BON-LGP9B3XW

Property Location: 535 STONE JOHNNY RD 83856

Legal Description: 1-56N-5W
W2 OF LOT 4 LESS TAX 4
NWSWNW

★★★IMPORTANT★★★
PLEASE READ BOTH FRONT AND BACK
★★★MONTHLY PAYMENTS ARE ACCEPTED★★★

For information on Bonds visit:
WWW.BONNERCOUNTYID.GOV/TREASURER

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.



PAY ONLINE AT: www.bonnercountyid.gov
\$1.00 ACH or 2.5% CARD FEE

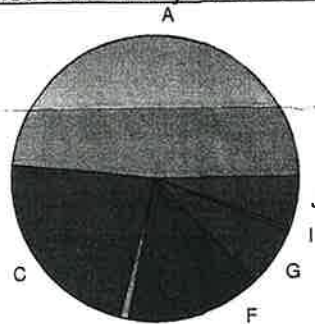
Please hold on perforation BEFORE tearing

BONNER COUNTY TAX YEAR 2021

Bill #: 39175
Tax Code Area: 34-0000
Parcel #: RP56N05W013301A

1st Half Due 12/20/2021	2nd Half Due 6/20/2022	Full 2021 Amount Due
Tax \$ 1,070.69	Tax \$ 1,070.69	Tax \$ 2,141.38
Late	Late	Late
Interest	Interest	Interest
Costs	Costs	Costs
Total	Total	Total
Assessed Value		
LAND	196,756	2021
IMPRVMT	144,627	2020
TOT MKT	341,383	278,470
TOT TAX	2,141.38	1,858.22
TOT ACRES	24.950	

Distribution of your 2021 Tax



Description	Rate	Amount
A - COUNTY	.002691419	\$918.80
B - W BONNER BOND		\$0.00
C - W BONNER SUPL	.001248772	\$426.30
D - W BONNER OTHER	.000054345	\$18.54
E - CO RD/BRIDGE	.000575609	\$196.50
F - AMBULANCE DIST	.000270461	\$92.32
G - WEST BONNER LIB	.000369383	\$126.10
H - W B LIB PLNT F	.000000000	\$0.00
I - W BONNER CEM	.000034653	\$11.82
J - WEST P O FIRE	.000745108	\$107.76
DISTRICT TOTAL	.005989750	\$1,898.14
FOREST ASSESSMENT		\$55.00
FOREST PRACTICES ACT		\$3.24
SOLID WASTE		\$185.00
AMOUNT DUE		\$2,141.38

Attachment 3
Hansen, Lori K