

RECEIVED

JUN 14 2022

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?
95-12282	Yes ☐	Yes ☐		Yes ☐	Yes ☐
95-12283	Yes ☐	Yes ☐		Yes ☐	Yes ☐
95-12284	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Alan W Carter
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): A.W. Carter Living Trust
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or

4254 N. Alderbrook Dr Coeur D'Alene ID 83815
Mailing address City State Zip
208 640-1777 ScotSmalone@hotmail.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: Jan 1, 2022
6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
☐ 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):
☐ \$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.

SUPPORT DATA

IN FILE # 95-12282

8. Signature: Scott Carter Trustee 6/14/2022
Signature of new owner/claimant Title, if applicable Date
Scott Carter
Print name
- Signature: Brooki Wilkerson Trustee 6-14-22
Signature of new owner/claimant Title, if applicable Date
Brooki Wilkerson
Print name

For IDWR Office Use Only:

Received by NS Date 6-14-22 Receipt No. N08340047 Receipt Amt. \$75.00
 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 NS Date 7-19-22

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO. 2021-18199

01/07/2022

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER IDAHO AND 38 U.S.C. § 1445. IDAHO CODE

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS.	DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ALAN WILLARD CARTER		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	MORTICIAN: Complete/Verify and File Within 5 Days of Death	4a. AGE-Last Birthday 81 (Years)	4b. UNDER 1 YEAR Months: Days: Minutes:	4c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (Mo/Day/Yr) 05/01/1940	6. BIRTHPLACE (City and State, Territory, or Foreign Country) LINCOLN, NEBRASKA
		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	7b. COUNTY KOOTENAI	7c. CITY OR TOWN COEUR D'ALENE		
		7d. STREET AND NUMBER 3069 WEST PRESLEY ROAD	7e. APT. NO.	7f. ZIP CODE 83814	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
		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)		
PARENTS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	11a. FATHER'S NAME (First, Middle, Last, Suffix) PEARL JENNINGS CARTER		11b. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA		
		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LUCILLE M. KARGES		12b. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA		
INFORMANT	13a. INFORMANT'S NAME (Type or print) SCOTT CARTER	13b. RELATIONSHIP TO DECEDENT SON	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4254 ALDERBROOK DRIVE COEUR D'ALENE, ID 83815			
	DISPOSITION	* 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery) NORTH IDAHO CREMATORY 1133 N. 4TH STREET COEUR D'ALENE, IDAHO 83814		
* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL - CDA 1133 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: HEATHER R. SHEFFIELD				
PLACE OF DEATH	* 18a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DGA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)		* 18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Other (Specify)			
	* 20. FACILITY NAME (If not facility, give street and number) 3069 WEST PRESLEY ROAD		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814		* 22. COUNTY OF DEATH KOOTENAI	
DATE OF DEATH	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) Estimated 12/31/2021 - 01/01/2022		24. TIME OF DEATH (24hr) Estimated 19:00 - 23:30	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) January 1, 2022	26. TIME PRONOUNCED DEAD (24hr) 00:30	
	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. CARDIAC ARREST DUE TO (or as a consequence of): b. CORONARY ARTERY DISEASE DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____ Approximately Time Interval: Onset to Death 5 MINUTES					
CAUSE OF DEATH	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. AORTIC STENOSIS; RECURRENT PULMONARY EMBOLISM					
	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No 29. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accidental ☐ Pending investigation ☐ Suicide ☐ Could not be determined					
ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		
	35. INJURY AT WORK? ☐ Yes ☒ No					
CERTIFIER	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____					
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, moped, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable					
REGISTRAR	TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify)		38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ What safety devices(s) did decedent use/employ? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ 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: REBECCA BERTSCH, D.O. * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) REBECCA BERTSCH, 700 IRONWOOD SUITE 255 COEUR D'ALENE, ID 83814		39b. LICENSE NUMBER O-00709 39c. DATE SIGNED 1 / 6 / 2022 MM DD YYYY			
40a. REGISTRAR'S SIGNATURE <i>James B. Gaydelotte</i>		40b. DATE SIGNED 1 / 7 / 2022 MM DD YYYY				

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.

JANUARY 10, 2022

DATE ISSUED:

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

Rev. 07/25/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

A.W. CARTER LIVING TRUST

Article One

Creation of My Trust

Section 1. Parties

My Trust Agreement, dated JUN 23 2008, is made between ALAN W. CARTER, the Trustor, and the Initial Trustees as appointed under Section 4 of Article Three.

Section 2. Trust Name

My Trust may be referred to as the:

A.W. CARTER LIVING TRUST, dated JUN 23 2008

The formal name of my Trust and the designation to be used for the transfer of title to the name of my Trust is:

ALAN W. CARTER, BROOKI K. WILKERSON and SCOTT A. CARTER, Trustees, or their successors in trust, under the A.W. CARTER LIVING TRUST, dated JUN 23 2008, and any amendments thereto

Section 3. Trust is Revocable

My Trust is a revocable trust. My Trust is a grantor trust under the provisions of Sections 673 – 677 of the Code. My Social Security Number may be used as the tax identification number for my Trust.

Section 4. Family Members

Unless specifically provided otherwise in subsequent provisions of my Trust Agreement, and in expansion of the definition provisions of Section 19.c. of Article Eleven, all references to "my children", subject to the exclusion of any child under any subsequent provision of this Section, are to all of the children so identified in this Section, but only to those children and any children born to or adopted by me subsequent to the execution of my Trust Agreement.

Article Seven

Distributions to Beneficiaries

Section 1. Division of Trust Property Into Shares

Upon my death, my Trustee shall divide the Remainder Property (or any trusts into which such balance may have been divided) into separate shares (and for purposes of determining such division and subsequent distributions shall take into account the exclusion of any descendant as may be directed in Article One) as follows:

<u>Beneficiary Name</u>	<u>Share</u>
BROOKI KIM WILKERSON	1/2
SCOTT ALAN CARTER	1/2

In the event an individual beneficiary named immediately above should die while there are assets remaining in such individual beneficiary's trust share, my Trustee shall hold, administer, and distribute the share for such beneficiary as provided under the terms of such share. In the event a named individual beneficiary predeceases me leaving no descendants or the terms of such share lapse without further direction, then such lapsed share shall be reallocated among the remaining individual beneficiaries named in this Section (if any), in accordance with each such remaining individual beneficiary's respective percentage of the total interests of all such remaining individual beneficiaries. If there are no remaining individual beneficiaries, such share shall be reallocated among the other remaining beneficiaries in accordance with each remaining beneficiary's respective percentage of the total interests of all remaining beneficiaries. If any beneficiary named in this Section is a "class" of individuals or organizations, such class shall be treated as a single beneficiary for purposes of such reallocation. If there are no remaining beneficiaries under this Section, then such share shall be administered as provided in the Articles that follow.

In the event a charitable organization is named as a beneficiary and such organization is no longer in existence or no longer qualifies as a tax-exempt organization under Sections 170(c), 2055 and 2522 of the Code, my Trustee shall distribute the share for such charitable organization to such charitable organization or organizations as my Trustee, in my Trustee's discretion, determines most closely matches my charitable intent. If my Trustee fails to distribute this share due to the lack of a qualified tax-exempt beneficiary, this share shall lapse and be reallocated among the remaining beneficiaries as provided in the paragraph immediately above.

affect, impair, or invalidate any other provision in this Section. If such provision is deemed invalid due to its scope and breadth, such provision shall be deemed valid to the extent of the scope or breadth permitted by law.

The authority of the Special Co-Trustee appointed under Section 9 of Article Three to resolve disputes between Co-Trustees, beneficiary and Trustee, and among beneficiaries in no way nullifies the provisions of this Section.

The provisions of this Section shall not apply to any disclaimer by any person of any benefit under my Trust Agreement, or any amendment thereto.

Execution

I have executed my Trust Agreement on the date set forth on the first page of my Trust Agreement.

I certify that I understand my Trust Agreement and that it correctly states the terms and conditions under which my Trust Estate is to be held, managed and disposed of by my Trustees. I approve this revocable living trust in all particulars and request my Trustees to execute it.

Trustor:

Alan W. Carter
ALAN W. CARTER

Trustees:

Alan W. Carter
ALAN W. CARTER

Brooki K. Wilkerson
BROOKI K. WILKERSON

Scott A. Carter
SCOTT A. CARTER

STATE OF WASHINGTON)

COUNTY OF SPOKANE)

SS

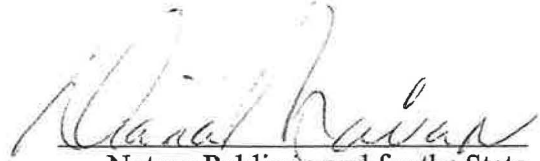
I VERIFY THIS TO BE A TRUE AND
EXACT COPY OF THE ORIGINAL.

Sam Wilson
KOOTENAI COUNTY ASSESSOR
DEPUTY

On this day personally appeared before me ALAN W. CARTER, Trustor and Trustee, BROOKI K. WILKERSON, Trustee, and SCOTT A. CARTER, Trustee, to me known to be 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 and deed for the uses and purposes mentioned in the instrument.

DATED: JUN 23 2008.



Notary Public in and for the State
Of Washington, residing at Spokane
My commission expires: 11-9-10

I VERIFY THIS TO BE A TRUE AND
EXACT COPY OF THE ORIGINAL.

KOOTENAI COUNTY ASSESSOR
 DEPUTY



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

July 19, 2022

A W CARTER LIVING TRUST
4254 N ALDERBROOK DR
COEUR D ALENE ID 83815-9639

Re: Change in Ownership for Water Right No(s): 95-12282, 95-12283, & 95-12284

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 762-2813.

Sincerely,

Natalie Steading
Tech Records Specialist 1

Enclosure(s)