

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 01 2021

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?
95-9604	Yes ☐	Yes ☐		Yes ☐	Yes ☐
95-9746	Yes ☐	Yes ☐		Yes ☐	Yes ☐
95-10035	Yes ☐	Yes ☐		Yes ☐	Yes ☐
95-9671	Yes ☐	Yes ☐		Yes ☐	Yes ☐
95-10036	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Armand Anderson & Jean G Anderson
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Armand Anderson Mary L. Marshall
New owner(s) as listed on the conveyance document Name connector ☐ and ☒ or

13000 E Nunn Rd. Arhol Id 83801
Mailing address City State Zip

208 683-1214 _____
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: 10-1-2021

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.

SUPPORT DATA**IN FILE #** 95-9604

8. Signature: Armand H. Anderson 10-1-2021
Signature of new owner/claimant Title, if applicable Date

Armand H. Anderson
Print name

- Signature: Mary L. Marshall 10-1-2021
Signature of new owner/claimant Title, if applicable Date

Mary L. Marshall
Print name

For IDWR Office Use Only:

Received by NS Date 10-4-21 Receipt No. N037593 Receipt Amt. \$125.00

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 10/21/21 & 11/4/21

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
REGISTERED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §52-71(1) AND §52-71A, IDAHO CODE

Local Reg. No. _____

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE PENCIL OR PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JEAN G. ANDERSON		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 81 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 05/10/1934	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	6. BIRTHPLACE (City and State, Territory, or Foreign Country) LOS ANGELES, CALIFORNIA		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	
	7b. COUNTY KOOTENAI		7c. CITY OR TOWN ATHOL	
PARENTS	7d. STREET AND NUMBER 13000 E. NUNN RD.		7e. APT. NO. 83801	
	7f. ZIP CODE 83801		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) ARMAND H. ANDERSON	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA	
DISPOSITION	11b. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA		12a. FATHER'S NAME (First, Middle, Last, Suffix) WILLIAM GAIR	
	12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY EDITH BABCOCK		13a. INFORMANT'S NAME (Type or print) ARMAND H. ANDERSON	
PLACE OF DEATH	13b. RELATIONSHIP TO DECEDENT SPOUSE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 13000 E. NUNN RD. ATHOL, ID 83801	
	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
DATE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: AMIELYA M BAILEY-LONDON	
	17b. LICENSE NUMBER (Of licensee) F1124		18. WAS CORNER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
CAUSE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) _____			
	20. FACILITY NAME (If not facility, give street and number) 13000 E. NUNN RD.			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE ATHOL, ID 83801		22. COUNTY OF DEATH KOOTENAI	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 12, 2015		24. TIME OF DEATH (24hr) 11:28	
CERTIFIER: Complete Within 72 Hours of Death	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 12, 2015		26. TIME PRONOUNCED DEAD (24hr) 11:28	
	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. <u>UROSEPSIS</u> DUE TO (or as a consequence of): _____ b. _____ DUE TO (or as a consequence of): _____ c. _____ DUE TO (or as a consequence of): _____ d. _____ SEQUENTIALLY list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death)			
CERTIFIER	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No			
	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No			
REGISTRAR	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown		30. 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	
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) June 12, 2015	
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	33. TIME OF INJURY (24hr) 11:28		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____	
	35. INJURY AT WORK? ☐ Yes ☒ No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____	
CERTIFIER	37. 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 _____			
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____			
CERTIFIER	38b. 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 PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) manner stated.	
	39b. LICENSE NUMBER M-05570		39c. DATE SIGNED 6 / 23 / 2015 MM DD YYYY	
REGISTRAR	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) TIMOTHY F. BURNS, 920 IRONWOOD DRIVE COEUR D'ALENE, ID 83814		40a. REGISTRAR'S SIGNATURE James B. Aydelotte	
	40b. DATE SIGNED 6 / 24 / 2015 MM DD YYYY		40c. SIGNATURE OF REGISTRAR James B. Aydelotte	

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: **JUN 24 2015**

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

JAMES B. AYDELOTTE
STATE REGISTRAR



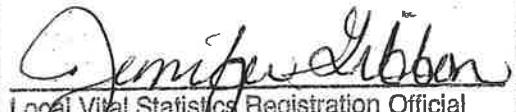
425359



* 0 0 0 5 9 8 7 4 4 *

STATE OF IDAHO County of Kootenai

This copy of a death certificate was issued
by the District Health Department on behalf
of the Bureau of Vital Records and Health
Statistics.


Local Vital Statistics Registration Official

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF
THE ORIGINAL NOW ON FILE OR RECORDED IN THIS OFFICE
MARRIAGE / INSTRUMENT # 1387100000

BOOK PAGE ☐ NOT TO SCALE
Jim Brannon BY *[Signature]*
CLERK DEPUTY PAGE COUNT 1 PAGES

K.C. Recorder
PO Box 9000
Coeur d'Alene, ID 83816-9000



STATE OF IDAHO

State File No.
County File No. 1387100000

COUNTY OF KOOTENAI

Marriage License

KNOW ALL PERSONS BY THIS CERTIFICATE: That any regularly ordained minister of the Gospel, authorized by the rites and usages of the church or denomination of Christians, Hebrews, or religious body of which said minister is a member, or any judge or magistrate, or competent officer to whom this may come, not knowing of any lawful impediments thereto, is hereby authorized and empowered to solemnize the rites of Matrimony between:

APPLICANT 1

1. Full Name ARMAND HARROLD ANDERSON
2. Address ATHOL KOOTENAI ID
City County State
3. Age 86 4. Race CAUCASIAN 5. Single 6. Widowed Y 7. Divorced
8. Sex M 9. Birth Name ANDERSON
10. Birthplace: City SAN PEDRO State/Country CA

AND

APPLICANT 2

11. Full Name MARY LOUISE MARSHALL
12. Address ATHOL KOOTENAI ID
City County State
13. Age 66 14. Race CAUCASIAN 15. Single 16. Widowed Y 17. Divorced
18. Sex F 19. Birth Name POTTER
20. Birthplace: City ORANGE State/Country CA

And to certify the same to said parties, or either of them under the signature and seal, of said minister of official capacity, and thereupon is required to deliver the original to the parties so married.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal.

at COEUR D'ALENE KOOTENAI COUNTY, IDAHO
this 7th day of February, A.D. 2018



Marriage Certificate

JIM BRANNON
Recorder
[Signature]
Deputy

minister

I, Donald Knapp, a ,
residing in the city of Coeur d' Alene, in the County of Kootenai in the State of Id do certify
that, in accordance with the authority on me conferred by the above license, I did on this 17
in the year A.D. 2018 in the city of Coeur d' Alene, in the County of Kootenai in the State of Idaho,
solemnize the rites of matrimony between ARMAND HARROLD ANDERSON of ATHOL
in the County of KOOTENAI, of the State of ID
and MARY LOUISE MARSHALL of ATHOL, in the County of KOOTENAI
of the State of ID, in the presence of and

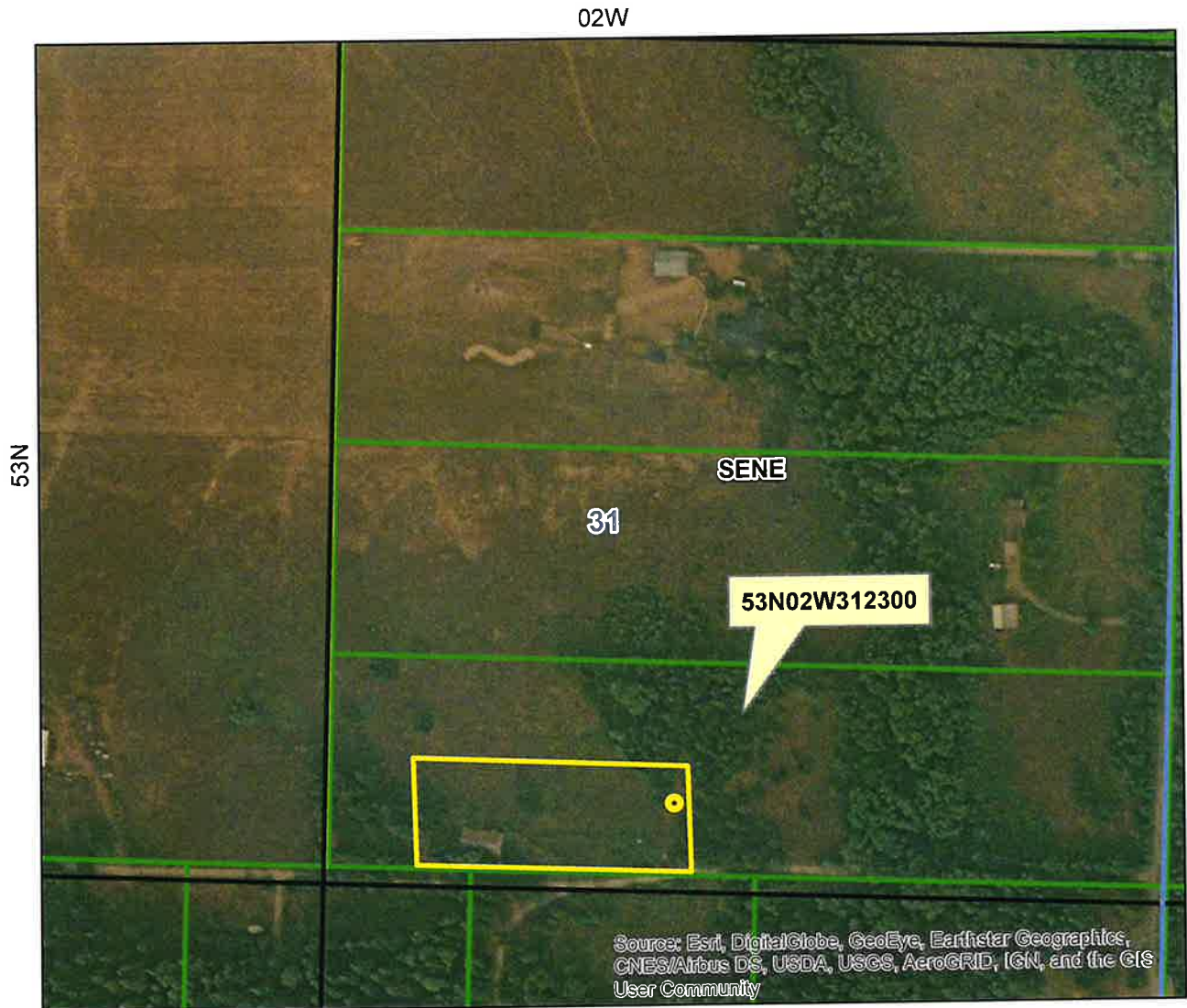
WITNESS My Hand of the County aforesaid, this 17 day of February, A.D. 2018

In the presence of: Official's Signature *[Signature]*
and Mailing Address 524 Government Way
Coeur d' Alene, Id.
County Recorder, Book Page
Date Received FEB 20 2018 Signature *[Signature]* Official's Phone 208 664-5510 Date Received
By County Recorder By State Registrar

State of Idaho
Department of Water Resources

Notice Of Change In Water Right Ownership

95-10036



-  Point of Diversion
-  Place Of Use Boundary
-  PLS Sections
-  Quarter Quarters
-  Taxlots

0 0.0325 0.065 0.13 Miles

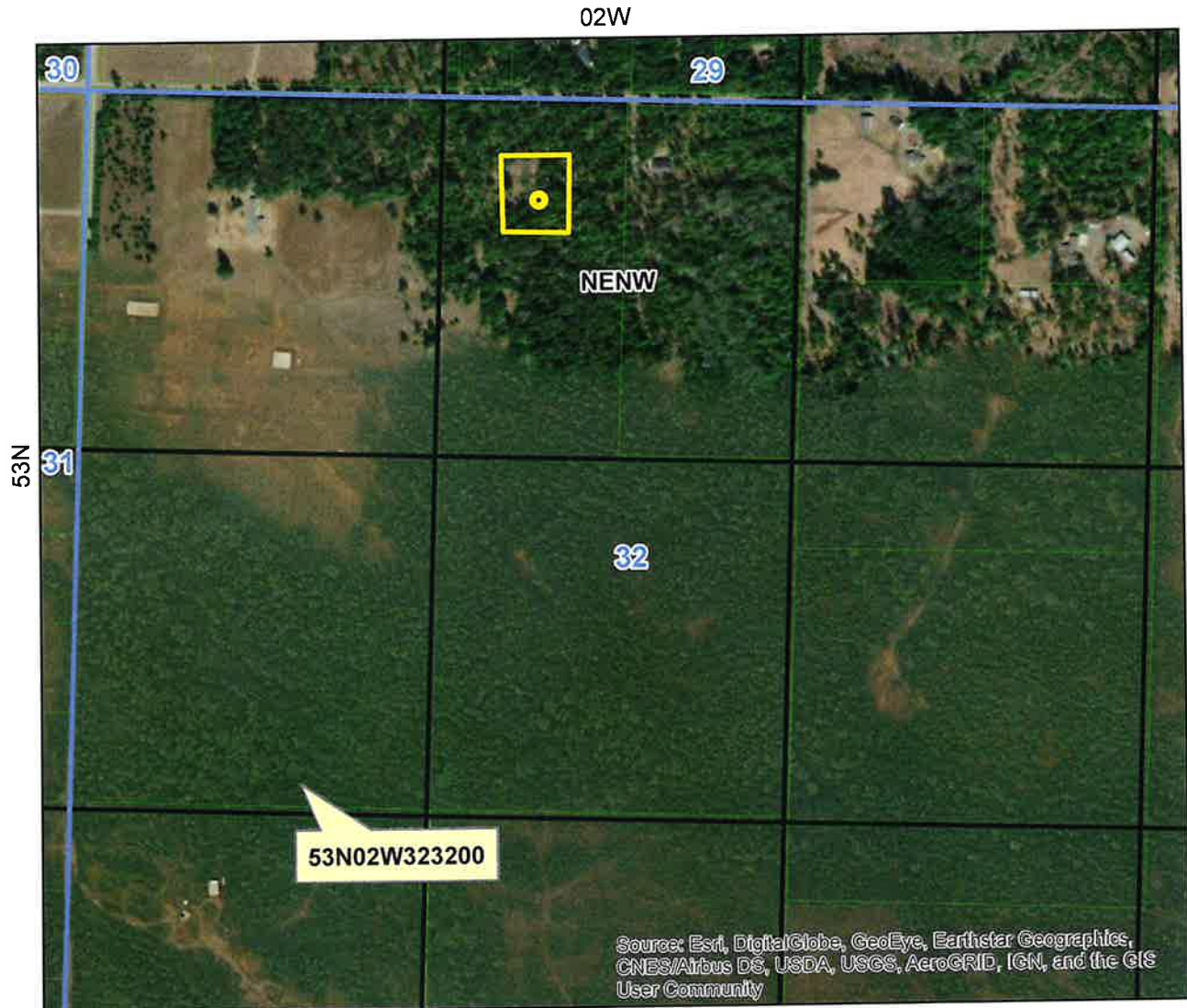


Tax parcel information provided by Kootenai County.

State of Idaho
Department of Water Resources

Notice Of Change In Water Right Ownership

95-10035



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters
-  Taxlots

0 0.075 0.15 0.3 Miles



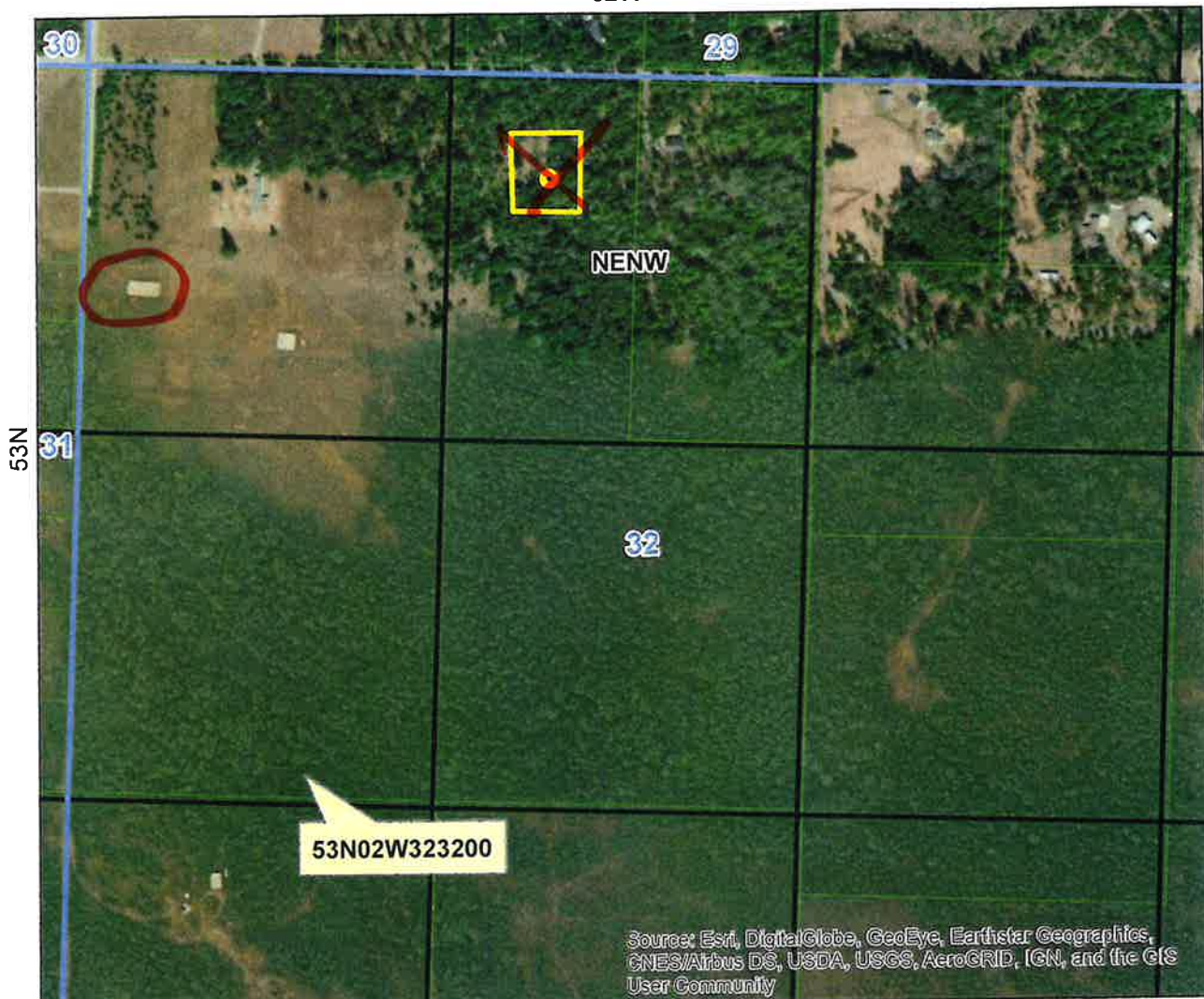
Tax parcel information provided by Kootenai County.

State of Idaho
Department of Water Resources
Notice Of Change In Water Right Ownership

~~95-10035~~

95-9671

02W



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters
-  Taxlots

0 0.075 0.15 0.3 Miles

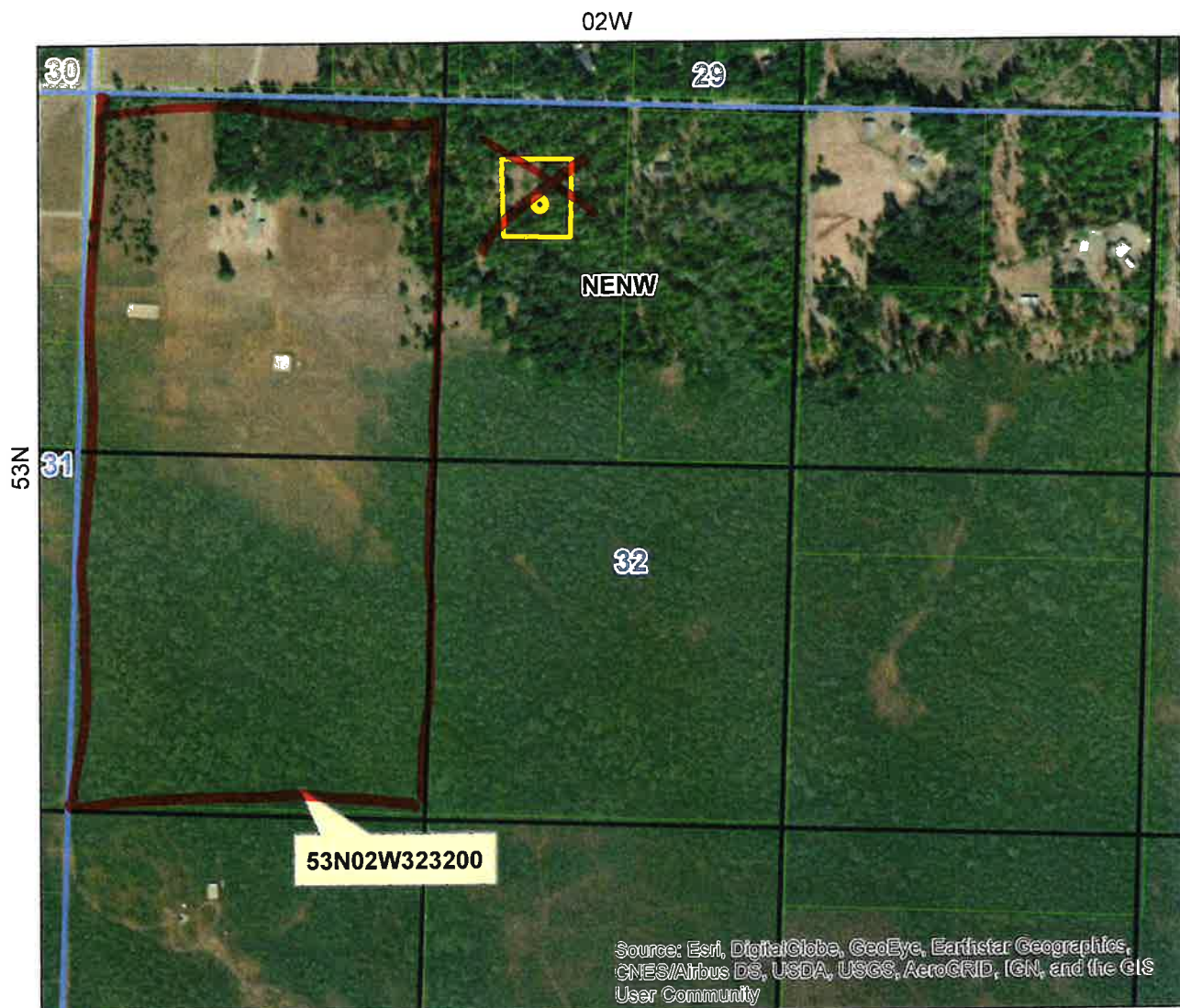


Tax parcel information provided by Kootenai County.

State of Idaho
Department of Water Resources

Notice Of Change In Water Right Ownership

~~.95-10035~~ 95-9604



- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters
- Taxlots

0 0.075 0.15 0.3 Miles

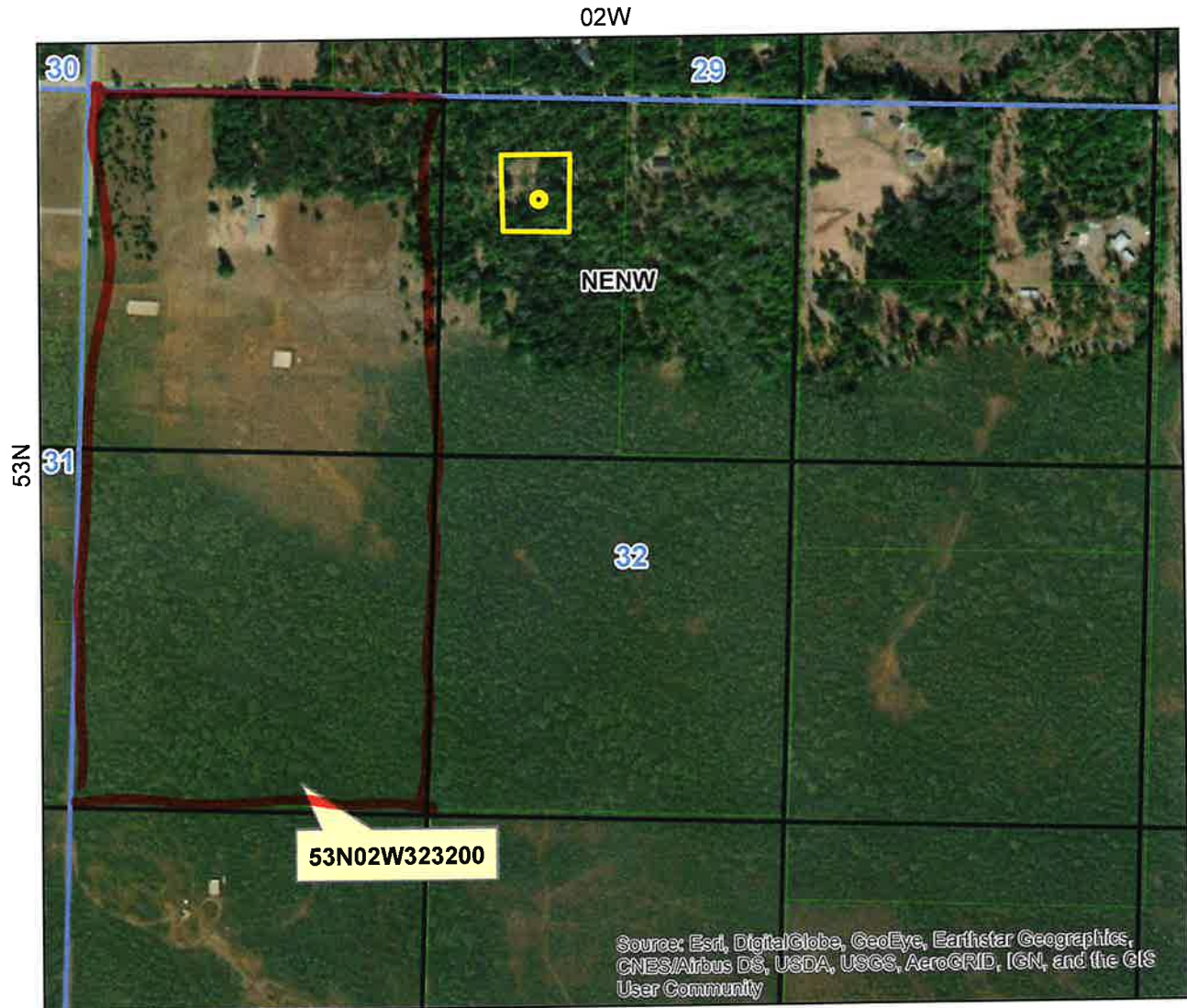


Tax parcel information provided by Kootenai County.

State of Idaho
Department of Water Resources

Notice Of Change In Water Right Ownership

~~95-10035~~ 95-9746



- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters
- Taxlots

0 0.075 0.15 0.3 Miles



Tax parcel information provided by Kootenai County.



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

October 21, 2021

ARMAND H ANDERSON
MARY LOUISE MARSHALL
13000 E NUNN RD
ATHOL ID 83801-5095

Re: Change in Ownership for Water Right No(s): 95-9746, 95-10035, & 95-10036

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.

NOTE: Water rights 95-9604 & 95-9671 are still waiting to be moved over from adjudication to allocations. Once that is complete, they will be processed and mailed to you. No action is required on your part.

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)



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

November 04, 2021

ARMAND H ANDERSON
MARY L MARSHALL
13000 E NUNN RD
ATHOL ID 83801-5095

Re: Change in Ownership for Water Right No(s): 95-9604 & 95-9671

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Natalie Steading
Natalie Steading
Tech Records Specialist 1

Enclosure(s)