

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 16 2021

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

DEPT OF WATER RESOURCES
SOUTHERN REGION

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?
37-00311	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: The Testamentary Family Trust of Catherine M Lewis, c/o Leroy C Lewis, trustee
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Broadford Meadows LLC
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 469 Morning Sun Dr Nampa ID 83686
Mailing address City State Zip
208-880-7366 broadfordmeadows@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: _____
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: [Signature] Member July 13, 2021
Signature of new owner/claimant Title, if applicable Date
David LM Lewis
Print name

Signature: [Signature] Member 7/13/2021
Signature of new owner/claimant Title, if applicable Date
Elizabeth K Skoglund
Print name

Received by SG Date 7/16/21 For IDWR Office Use Only: Receipt No. 5038702 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 [Signature] Date 9/29/21

Instrument # 634571

HAILEY, BLAINE, IDAHO

04-28-2016 8:27:08 AM No. of Pages: 3
Recorded for: FIRST AMERICAN TITLE - BLACKFOOT
JOLYNN DRAGE Fee: \$16.00
Ex-Officio Recorder Deputy: JB
Electronically Recorded by Simplifile

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by Elizabeth K. Skoglund, as Personal Representative of the Estate of LEROY C. LEWIS, Deceased, Grantor, to Broadford Meadows LLC, Grantee, whose current address is 469 Morning Sun Drive, Nampa, Idaho 83686.

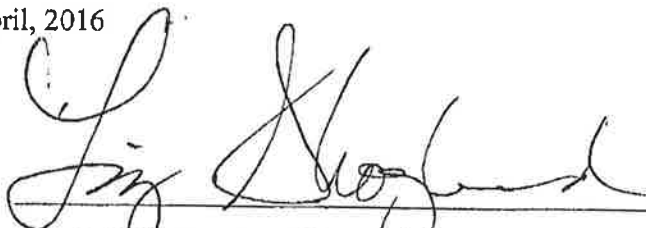
WHEREAS, Grantor is the qualified Personal Representative of said Estate, filed as Case No. CV-15-5742, in Bonneville County, Idaho;

THEREFORE, for valuable consideration received, Grantor quitclaims, transfers, and conveys to GRANTEE all of the interest of LEROY C. LEWIS in the following described real property in Blaine County, Idaho;

See Attached Exhibit A.

With all appurtenances thereto.

EXECUTED this 22nd day of April, 2016



Elizabeth K. Skoglund, Personal Representative
of the Estate of LEROY C. LEWIS, Deceased.

STATE OF IDAHO

)

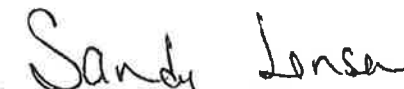
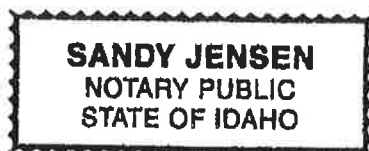
:SS

COUNTY OF CANYON

)

On this 22nd day of April, 2016, before me, the undersigned, a notary public in and for said state, personally appeared, Elizabeth K. Skoglund, known or identified to me to be the person whose name is subscribed to within the instrument, as Personal Representative of the Estate of LEROY C. LEWIS, Deceased, and acknowledged to me that she executed the same as such Personal Representative.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



NOTARY PUBLIC

My Commission Expires: 3-21-2020

EXHIBIT A -- BLAINE COUNTY PROPERTY

The following described real estate, situated in Blaine County, State of Idaho:

That portion of the South Half of the Southwest Quarter (S1/2 SW1/4) of Section Twenty-six (26) in Township Two (2) North, Range Eighteen (18) East, Boise Meridian, described as follows: Commencing at the South Quarter Corner of that Section 26 and running thence:

North 89.2551° West 927.02 feet, thence
North 20.5147° West 112.37 feet, thence
South 70.0411° West 200.00 feet, thence
North 20.5638° West 471.60 feet, thence
North 20.5253° West 328.23 feet, thence
North 69.5911° East 123.26 feet, thence
North 0.1135° West 472.85 feet, thence
South 89.3749° East 118.57 feet, thence
North 16.5754° West 42.21 feet, thence
South 89.3830° East 1216.33 feet, thence
South 0.0945° East 1340.19 feet, to the point of beginning.

Also, that portion of the Northeast Quarter of the Northwest Quarter (NE1/4 NW ¼) of Section Thirty-five (35), Township Two (2) North, Range Eighteen (18) East, Boise Meridian more particularly described as follows: Beginning at the North Quarter Corner of that Section 35, and running thence:

South 0.1512° West 241.70 feet, thence
South 85.0212° West 650.05 feet, thence
North 47.3853° West 334.31 feet, thence
North 20.5147° West 87.68 feet, thence
South 89.2551° East 927.02 feet, to the point of beginning.

Together with all appurtenant water and water rights, ditches and ditch rights and including ninety (90) inches of the waters of Big Wood River decreed to Charles H. Higginson, with a priority dating from April 3, 1884.

LEGAL DESCRIPTION

A parcel of land located within the SE1/4SW1/4, Section 26, Township 2 North, Range 18 East, Boise Meridian, Blaine County, Idaho, more particularly described as follows:

Commencing at a 5/8-inch rebar with an aluminum cap marking the SW1/16 corner (northwest corner of said SE1/4SW1/4), which is the REAL POINT OF BEGINNING.

thence South 0°02'26" East, 314.65 feet along the west boundary of the SE1/4SW1/4, Section 26 to the intersection of said west boundary with the northeast boundary of the Old Broadford Townsite;

thence South 20°45'09" East, 204.00 feet along said Broadford Townsite to the centerline of Alder Street;

thence South 70°15'45" West, 76.63 feet along said Alder Street centerline to said west boundary of the SE1/4SW1/4, Section 26;

thence North 0°02'26" West, 216.64 feet along said west boundary of the SE1/4SW1/4, Section 26 to the point of beginning, containing 0.18 acres, more or less, and including all that portion of Lot 11 Block 48 and a portion of vacated Alder Street within said SE1/4SW1/4, Section 26.

BONNEVILLE COUNTY
IDAHO

2015 OCT 29 AM 11:53

HOPKINS RODEN CROCKETT
HANSEN & HOOPES, PLLC
Lary S. Larson, ISB#2600
428 Park Avenue
Idaho Falls, Idaho 83402
Telephone: 208-523-4445
Attorneys for Personal Representative

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE
MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE OF

LEROY C. LEWIS,

Deceased.

Probate No. CV-

15-5742

LETTERS TESTAMENTARY

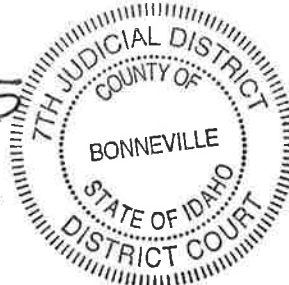
1. ELIZABETH K. SKOGLUND was duly appointed and qualified as general personal representative of the estate of the above-named decedent, by the court.
2. Administration of the estate is unsupervised.
3. These Letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

WITNESS, my signature and the Seal of this court this 29 day of October, 2015.

/s/ L. Mark Riddoch

Magistrate

STATE OF IDAHO } ss
County of Bonneville }
I HEREBY CERTIFY that above and foregoing
is a full and correct copy of the original
thereof, on file in my office.
Dated 29 October 2015
RONALD LONGMORE
Clerk of the District Court
By Charles
Deputy Clerk



STATE OF IDAHO
County of Bonneville) ss.
HEREBY CERTIFY that above and foregoing
is a full and correct copy of the original
record on file in my office
dated 06/23/03 2003
By Ronald Longmore
Clerk of the District Court
(Deputy Clerk)

03 JUN 23 AM 10:56

HOPKINS RODEN CROCKETT
HANSEN & HOOPES, PLLC
Lary S. Larson, ISB#2600
428 Park Avenue
P.O. Box 51219
Idaho Falls, Idaho 83405
Telephone: 208-523-4445
Attorneys for Personal Representative

Instrument # 521488
HAILEY, BLAINE, IDAHO
2005-06-13 04:38:00 No. of Pages: 1
Recorded for : HOPKINS RODEN CROCKETT
MARSHA RIEMANN Fee: 3.00
Ex-Officio Recorder Deputy mp
Index to: PROBATE ACTION(LETTERS TEST,ETC)

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE
MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE OF

CATHERINE M. LEWIS,

Deceased.

Probate No. CU-03-3838

LETTERS TESTAMENTARY

1. Leroy C. Lewis was duly appointed and qualified as general personal representative of the estate of the above-named decedent, by the court.
2. Administration of the estate is unsupervised.
3. These Letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

WITNESS, my signature and the Seal of this court this 23 day of
June, 2003.

L. Mark Riddick
Magistrate



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 FEB 23 AM 9:15

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:
Broadford Meadows, LLC

2. The complete street and mailing addresses of the principal office is:
377 Broadford Road, Bellevue, ID 83313
PO Box 2314, Hailey, ID 83333

3. The name and complete street address of the registered agent:
Skoglund Holdings, LLC 469 Morning Sun Dr, Nampa, ID 83686

4. The name and address of at least one governor of the limited liability company:
David LM Lewis 3774 S 5th West, Idaho Falls, ID 83404
Elizabeth K. Skoglund 469 Morning Sun Dr, Nampa, ID 83686

5. Mailing address for future correspondence (annual report notices):
469 Morning Sun Dr, Nampa, ID 83686

Signature of organizer(s).

Printed Name Elizabeth K. Skoglund

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/23/2016 05:00

CK:640125681 CT:320027 BH:1514976
1@ 100.00 = 100.00 ORGAN LLC #2

W162797

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 OCTOBER 22, 2015

State File No. 2015-10280

DECEDENT - LEGAL NAME LEROY CRAWFORD LEWIS			
SEX MALE	SOCIAL SECURITY NUMBER	AGE 75 YEARS	DATE OF BIRTH MARCH 18, 1940
BIRTHPLACE POCATELLO, IDAHO		PLACE OF RESIDENCE IDAHO FALLS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) SHERIAN MILLER	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME LESTER LEWIS			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME FLORA LAVON CRAWFORD			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE TERRY B. EDWARDS	
NAME AND ADDRESS OF FUNERAL FACILITY BOWMAN FUNERAL PARLOR, LTD., GARDEN CITY, IDAHO			
DATE OF DEATH OCT. 14, 2015	TIME OF DEATH 3:00 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) END STAGE DEMENTIA			Approximate Interval Between Onset and Death YEARS
a. DUE TO (or as a consequence of):			
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above B CELL LYMPHOMA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER JULIE K. GUNTHER, 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: OCTOBER 22, 2015

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

James B. Aydelette
JAMES B. AYDELOTTE
STATE REGISTRAR



CERTIFICATE OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

MAY 23 2003

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. 2003- 03706

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELTY TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) CATHERINE M. LEWIS		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER	
	4a. AGE Last Birthday 61 (Years)		4b. UNDER 1 YEAR		4c. UNDER 1 DAY	
	5. DATE OF BIRTH (Mo/Day/Yr) July 19, 1941		6. BIRTHPLACE (City and State, Territory, or Foreign Country) Eskridge, Kansas			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Bonneville		7c. CITY OR TOWN Idaho Falls	
	7d. STREET AND NUMBER 3774 S. 5th West		7e. APT. NO.		7f. ZIP CODE 83404	
	8. MARITAL STATUS AT TIME OF DEATH XX Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Leroy Lewis			
	10. EVER IN U.S. 11a. FATHER'S NAME (First, Middle, Last, Suffix) Harvey Montgomery		11b. BIRTHPLACE (State, Territory, or Foreign Country) Carbondale, Kansas			
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Alberta Markley		12b. BIRTHPLACE (State, Territory, or Foreign Country) Kansas			
	13a. INFORMANT'S NAME (Type or print) Leroy Lewis		13b. RELATIONSHIP TO DECEASED Husband		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3774 S. 5th West Idaho Falls, Idaho 83404	
	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) Bellevue Cemetery P.O. Box 22 Bellevue, Idaho 83313		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Summers Funeral Homes, Boise Chapel 1205 W. Bannock Street Boise, Idaho 83702	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Of licensee) M-638		18. WAS CORONER CONTACTED? ☐ Yes ☒ No		
19. 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) St. Alphonsus Regional Medical Ctr. 1055 N. Curtis Road				
21. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 22, 2003		22. TIME OF DEATH 0345 (RHR)		23. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 22, 2003		
24. TIME OF DEATH 0345 (24hr)		25. TIME PRONOUNCED DEAD 0345 (24hr)				
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. Stroke						
Sequitally 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) b. PCP c. Breast Cancer						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I						
26. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		27. IF FEMALE (Aged 10-34): ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 43 days to 1 year before death ☐ Unknown if pregnant within the past year		28. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		
29. DATE OF INJURY (Mo/Day/Yr) (Spell month)		30. TIME OF INJURY		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		
32. LOCATION OF INJURY: State		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, restaurant, forest, etc.)		34. INJURY AT WORK? ☐ Yes ☒ No		
35. STREET AND NUMBER OR LOCATION		36. CITY/TOWN OR COUNTY		37. ZIP CODE		
38. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)						
39a. WAS DECEASED: ☐ Driver/Operator ☐ Passenger		39b. WHAT SAFETY DEVICE(S) DID DECEASED USE/EMPLOY? ☒ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		39c. LICENSE NUMBER		
40. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - 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 natural cause(s) manner stated.						
Signature and Title of Certifier Dr. Stephanie Hodson, 1055 N. Curtis Rd., Boise, ID 83706 Ph. #367-3131		41. DATE SIGNED 5.22.2003		42. DATE SIGNED		
43. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.		44. DATE SIGNED		45. DATE SIGNED		
46. REGISTRAR'S SIGNATURE Jane S. Smith		47. DATE SIGNED MAY 23 2003		48. DATE SIGNED		

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

DATE ISSUED: MAY 23 2003

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

JANE S. SMITH
STATE REGISTRAR



IDAHO DEPARTMENT OF
WATER RESOURCES

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, ID 83301-5858
Phone: 208-736-3033 • Fax: 208-736-3037 • Email: southerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

September 28, 2021

BROADFORD MEADOWS LLC
469 MORNING SUN DR
NAMPA ID 83686-8356

Re: Change in Ownership for Water Right No(s): 37-311, 37-11346, and 37-20372

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) 736-3033.

Sincerely,

Benny Walker
Water Resource Agent, Senior

Enclosure(s)

WD 37

July 14, 2021

State of Idaho
Department of Water Resources
Southern Regional Office
650 Addison Ave W Ste 500
Twin Falls, ID 83301-5858

RECEIVED
JUL 16 2021
DEPT OF WATER RESOURCES
SOUTHERN REGION

Notice of Change in Water Rights Ownership for #37-11346, 37-20372 and 37-00311

To Whom it May Concern,

Please find enclosed a request to change the ownership of the above referenced water rights from Catherine M. Lewis or Leroy C. Lewis and The Testamentary Trust of Catherine M. Lewis, c/o Leroy C. Lewis, to Broadford Meadows, LLC. Catherine M. Lewis passed away on May 22, 2003, and her husband, Leroy C. Lewis was named her Personal Representative. Leroy C. Lewis passed away on October 14, 2015, and the ownership of the real estate associated with these water rights located at 377 Broadford Road in Bellevue, Idaho, was transferred to Broadford Meadows, LLC, via a Personal Representative's Deed on April 28, 2016. Broadford Meadows, LLC, continues to own and operate this real estate.

As documentation, I have enclosed a copy of the death certificates for Catherine M. Lewis and Leroy C. Lewis's, the Letters Testamentary appointing Leroy C. Lewis as Catherine M. Lewis' personal representative as well as the Letters Testamentary appointing me as the personal representative of Leroy C. Lewis's estate, a copy of the filing with the state of Idaho for Broadford Meadows, LLC, and a copy of the Personal Representative's Deed transferring ownership. If you need additional information, please contact me at 208-880-7366.

Thank you,

 Personal Representative

Elizabeth Skoglund

Personal Representative of the Estate of Leroy C. Lewis