

RECEIVED

AUG 06 2021

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ 100-
Receipt No. C110713
Received By LM
Date Received 8-6-21

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

- Permit No. 96-9821 Telephone No. 509-995-5965
- Name of Permit Holder(s) E. Curtis Nelson
- Mailing Address 3503 West Horizon Ave City Spokane
State WA Zip 99208 Email Curt@WRB Inc. Com
- Source of Water Pend Oreille River If **GROUND WATER** (well), Date Drilled mo. _____ / yr. _____
Well Driller _____ Drilling Permit Number _____
- Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) _____ Stockwater (No. and type of stock) _____
Irrigation (No. of acres) 1.0 Other _____
- Total rate of diversion or storage volume for which proof is submitted .03 cfs OR _____ acre-feet.
- Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.
The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes ☐	No ☒
	If yes, has the measuring device been installed?	Yes ☐	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☐	No ☒
	If yes, has the lockable device been installed?	Yes ☐	No ☐
Fish Screen	Is a fish screen required?	Yes ☒	No ☐
	If yes, has the fish screen been installed?	Yes ☒	No ☐

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

- Fee Enclosed \$ 50.00 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name E. Curtis Nelson Telephone Number 509-995-5965
Mailing Address 3503 West Horizon Ave City Spokane
State WA Zip 99208 Email Curt@WRB Inc. Com

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder [Signature] Date 8-3-21
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098



Bonner County Assessor
1500 HWY 2 STE 205
SANDPOINT, ID 83864
(208) 265-1440

2021 ASSESSMENT NOTICE

THIS IS NOT A BILL.
DO NOT PAY.



Return Service Requested

25234*71**G50**0.6375**1/2*****AUTO5-DIGIT 99208
NELSON EUGENE C JR
& NELSON ELIZABETH A
3503 W HORIZON AVE
SPOKANE WA 99208-8494



For any questions, please notify the Assessor's
Office Immediately. Assessor's Telephone
Number: (208) 265-1440

Appeals of your property value must be filed in
writing, on a form provided by the County, by:
JUNE 28, 2021 5:00PM

Parcel Description: 2-55N-4W PINWOOD WEST
LOT 17

Parcel Number: RP 020010000170 A

Tax Code Area: 104-0000

Parcel Address: 448 ROCKVIEW DR 83856

ASSESSED VALUE OF YOUR PROPERTY

CURRENT CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
15 RUR SUB RES	1.000 AC	276,122	301,922
32 NON RES BLDG RURAL		36,648	39,642
37 BLDG RES SUB		682,657	757,401
SUBTOTAL:	1.000	995,427	1,098,965
LESS EXEMPTIONS:			
LESS HOMEOWNERS EXEMPTION:			
NET TAXABLE PROPERTY VALUE:		995,427	1,098,965

These values may not include personal property values. Taxes are based on the values shown on this Notice and on the Budgets of the taxing districts.

TAXING DISTRICT INFORMATION

TAXING DISTRICTS	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
COUNTY	208-265-1437	08/23/2021
W BONNER BOND	208-448-4439	06/16/2021
W BONNER SUPL	208-448-4439	06/16/2021
W BONNER OTHER	208-448-4439	06/16/2021
CO RD/BRIDGE	208-265-1437	08/23/2021
P.O. HOSPITAL	208-265-1102	Not Required
AMBULANCE DIST	208-265-1437	08/23/2021
E BONNER LIB	208-263-6930	08/23/2021
SAGLE FIRE	208-263-3502	07/14/2021

THIS IS NOT A BILL. DO NOT PAY.

See the back of this Notice for details.



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 JANUARY 27, 2021

State File No. 2021-00687

DECEDENT - LEGAL NAME EUGENE CURTIS NELSON SR			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 81 YEARS	DATE OF BIRTH JUNE 21, 1939
BIRTHPLACE SPOKANE, WASHINGTON		PLACE OF RESIDENCE PRIEST RIVER, IDAHO	
MARITAL STATUS AT TIME OF DEATH DIVORCED		NAME OF SURVIVING SPOUSE (If wife, maiden name) WAS DECEDENT EVER IN U.S. ARMED FORCES? YES	
FATHER - NAME CHRIST NELSON			BIRTHPLACE NORWAY
MOTHER - MAIDEN NAME EDNA JOSEPHINE NELSON			BIRTHPLACE NORWAY
METHOD OF DISPOSITION REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE JASON ARMSTRONG	
NAME AND ADDRESS OF FUNERAL FACILITY PACIFIC NW CREMATION, SPOKANE, WASHINGTON			
DATE OF DEATH JAN. 14, 2021	TIME OF DEATH 4:06 A.M.	CITY, TOWN OR LOCATION OF DEATH POST FALLS, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. ACUTE HYPOXIC HYPERCAPNIC RESPIRATORY FAILURE			Approximate Interval Between Onset and Death 2 MONTHS
DUE TO (or as a consequence of): b. INTRACRANIAL BLEED - SBH SAH IPH			2 MONTHS
DUE TO (or as a consequence of): c. POSSIBLE STROKE			2 MONTHS
DUE TO (or as a consequence of): d. 			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above SYSTOLIC CHF; CHRONIC ATRIAL FIBRILLATION; CAD; OSA; OBESITY			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER LYNETTE ACEBEDO	TITLE CORONER
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.

JANUARY 28, 2021

DATE ISSUED:

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

Rev. 07/28/20

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED

FEB 24 2021

**TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK**

 SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE	
ESTATE OF: EUGENE C. NELSON, SR., Deceased.	CASE NO.21400302-32 LETTERS TESTAMENTARY (LTRTS)

I. BASIS

- 1.1 The last will of the decedent(s), late of **SPOKANE COUNTY, WASHINGTON** was exhibited, proven and recorded in this court on: **FEBRUARY 19, 2021.**
- 1.2 In that will: **EUGENE CURTIS NELSON, JR.** is named personal representative.
- 1.3 The personal representative has qualified.

II. AUTHORIZATION

THIS CERTIFIES: EUGENE CURTIS NELSON, JR authorized by this court to execute the will of the above decedent according to law.

Dated: **FEBRUARY 24, 2021**
(Seal)

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK
By **Suzanne McBride,**
Deputy Clerk

III. CERTIFICATE OF COPY

State of Washington)
County of Spokane)

As clerk of the superior court of this county, I certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on: **FEBRUARY 19, 2021**

I further certify that these letters are now in full force and effect.

Dated: **FEBRUARY 24, 2021**

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By *Suzanne McBride*
Deputy Clerk