

JAN 13 2021

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR / NORTH

Notice of Change in Water Right Ownership

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 #6 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
95-08770	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: J.B. FLUME 1 SALLY FLUME
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): SALLY FLUME
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

4106 E. 41st AVE SPOKANE WA 99223
Mailing address City State ZIP
509-990-9901 sjflume@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: OCT 7, 2016

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed [IRS Form W-9](#) for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed [Lessor Designation](#) form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

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: Sally Flume 1-11-2021
Signature of new owner/claimant Title, if applicable Date

Signature: _____ Title, if applicable Date
Signature of new owner/claimant

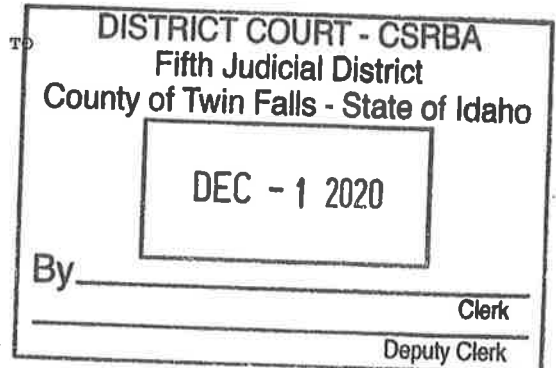
For IDWR Office Use Only:

Received by Jo Date 1-13-21 Receipt No. N036656 Receipt Amt. 250 RF
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 1-13-21

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re CSRBA)
Case No. 49576)
_____)

PARTIAL DECREE PURSUANT TO
I.R.C.P. 54(b) FOR
Water Right 95-08770



NAME AND ADDRESS: J B FLUME
SALLY FLUME
4106 E 41ST AVE
SPOKANE, WA 99223-6013

SOURCE: COEUR D ALENE LAKE TRIBUTARY: SPOKANE RIVER

QUANTITY: 0.04 CFS
1.20 AFY

The quantity of water under this right shall not exceed 13,000
gallons per day.

PRIORITY DATE: 08/27/1992

POINT OF DIVERSION: T49N R04W S35 LOT 5 (SWSW) Within Kootenai County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	Domestic	01-01 TO 12-31	0.04 CFS
			1.20 AFY

Domestic use is for 1 home.

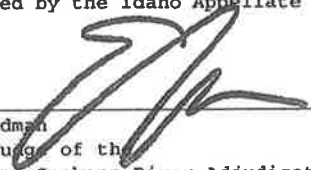
PLACE OF USE: Domestic Within Kootenai County
T49N R04W S35 LOT 5 (SWSW)

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS
NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT
ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY
DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE
ENTRY OF A FINAL UNIFIED DECREE. I.C. SECTION 42-1412(6).

RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance
with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a
final judgment and that the court has and does hereby direct that the above judgment or order shall be a final
judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.


Eric J. Wildman
Presiding Judge of the
Coeur d'Alene-Spokane River Adjudication

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, SHALL BE RETURNED AS PROOF OF DEATH TO THE DEATH CARE PROVIDER (PAC-100) AND (PAC-200, CIVIL COPY)

Local Reg. No. _____

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JOHN BERNARD FLUME		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 84 (Years)		4b. UNDER 1 YEAR Months _____ Days _____	
	4c. UNDER 1 DAY Hours _____ Minutes _____		5. DATE OF BIRTH (Mo/Day/Yr) 11/23/1931	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) SAN ANTONIO, TEXAS			
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN COEUR D'ALENE
7d. STREET AND NUMBER 14222 S. KVERN RD.		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) SALLY ANDERSON				
10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) LAWRENCE FLUME		
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) CECILE COSTELLO		11b. BIRTHPLACE (State, Territory, or Foreign Country) TEXAS		
12b. BIRTHPLACE (State, Territory, or Foreign Country) NEW YORK		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 212 W. IRONWOOD DR. APT. 0211 COEUR D'ALENE, ID 83814		
13a. INFORMANT'S NAME (Type or print) SALLY FLUME		13b. RELATIONSHIP TO DECEASED WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 212 W. IRONWOOD DR. APT. 0211 COEUR D'ALENE, ID 83814
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) BELL TOWER FUNERAL HOME & CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BELL TOWER FUNERAL HOME AND CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: EVAN F. BIRDSSELL		17b. LICENSE NUMBER (Of licensee) M1120		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No
19. PLACE OF DEATH (19-22) 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ Outpatient, 24-hour ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____ 20. FACILITY NAME (If not facility, give street and number) 14222 S. KVERN RD.				
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814				
22. COUNTY OF DEATH KOOTENAI				
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 7, 2016		24. TIME OF DEATH (24hr) Estimated 17:55 - 18:54		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 7, 2016
26. TIME PRONOUNCED DEAD (24hr) 18:54				
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. SUDDEN CARDIAC DEATH 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. _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28a. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 29. 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 30. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____ 31. TIME OF INJURY (24hr) _____ 32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____ 33. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____ 34. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED, if applicable TRANSPORTATION: ☐ Pedestrian ☐ Driver/Operator ☐ Passenger ☐ Other (Specify) _____ 35a. WAS DECEASED: ☐ Driver/Operator ☐ Passenger ☐ Other (Specify) _____ 35b. WHAT SAFETY DEVICES(D) DID DECEASED USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 36a. 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 <u>immediate</u> 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: MICHAEL KERKERING, M.D. 36b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL KERKERING, 1215 N. McDONALD STE 101 SPOKANE VALLEY, WA 99216				
37a. REGISTRAR'S SIGNATURE James B. Aydelotte		37b. DATE SIGNED 10 / 13 / 2016 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.

DATE ISSUED: **OCT 13 2016**

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

JAMES B. AYDELOTTE
STATE REGISTRAR