

JUN 26 2020

DEPARTMENT OF  
WATER RESOURCES

June 16, 2020

Idaho Department of Water Resources  
Attn: Debbie Judd  
322 E Front Street, Suite 648  
PO Box 83720  
Boise, Idaho 83720-0098

Subject: Permit No. 65-23348

Dear Ms. Judd:

Thank you for your letter of April 30, 2020 regarding the requirement to submit proof of completion for this water right permit to allow diverting 0.06 cfs from Squaw Creek to irrigate two additional acres on the property at 8203 N Hwy 52 near Sweet.

Based on a review of the online records for this permit, one 5-year extension has already been granted for this water right. Since the instructions for filing a request note that illness or infirmity is not a valid reason for approving an extension and the delay in completing the project does not fit into any of the listed exceptions, it appears that this water right will be allowed to lapse. It is possible, but highly unlikely that we will be able to show reasonable cause why the permit should be reinstated within the required 60-day period following the lapse notice.

On another note, the PO Box will be closed soon, so it would be helpful if future notices regarding Water Right Nos.:

- 65-23348 (Permit),
- 65-22783 (Water Right), and
- 65-23381 (Water Right)

are sent to:

3983 N Oak Park Pl  
Boise, Idaho 83703-3924  
email: finleyann596@gmail.com  
cell: (208) 473-0183

rather than:

PO Box 7785  
Boise, Idaho 83707.

Sincerely,



Patricia Ann Finley (by Cheryl Ann Robinson, POA)

Attachment: Certified copy of original Power of Attorney (5 pages)

State of Idaho

County of Ada

I certify this to be a true and correct copy of the Patricia Ann Finley  
Idaho Statutory Form Power of Attorney

issued to Cheryl Ann Robinson made by me on  
6-24-2020



Alison B. Hakeem

A handwritten signature in blue ink, appearing to read "Alison B. Hakeem", written over a horizontal line.

Notary Signature

**PATRICIA ANN FINLEY**

**IDAHO STATUTORY FORM POWER OF ATTORNEY**

**IMPORTANT INFORMATION**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent can make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. The agent's authority will continue until your death unless you revoke the power of attorney or the agent resigns.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one (1) agent. If you wish to name more than one (1) agent, you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

**DESIGNATION OF AGENT**

I, **Patricia Ann Finley**, name the following person as my agent:

**Cheryl Ann Robinson  
3979 N. Oak Park Place  
Boise, Idaho 83703-0183  
208-473-0183**

### **DESIGNATION OF SUCCESSOR AGENT**

If my agent is unable or unwilling to act for me, I name the following person as my successor Agent:

**Deanna Barney Pond  
5507 El Gato Lane  
Meridian, Idaho 83642  
208-869-1819**

### **GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code:

Real Property  
Tangible Personal Property  
Stocks and Bonds  
Commodities and Options  
Banks and Other Financial Institutions  
Insurance and Annuities  
Estates, Trusts, and Other Beneficial Interests  
Claims and Litigation  
Benefits from Governmental Programs or Civil or Military Service  
Retirement Plans  
Taxes  
Create or change a beneficiary designation  
Authorize another person to exercise the authority granted under this power of attorney  
Waive the principal's right to be a beneficiary of a joint and survivor annuity, Including a survivor benefit under a retirement plan

### **LIMITATION ON AGENT'S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support.

### **EFFECTIVE DATE**

This power of attorney is effective immediately.

## **NOMINATION OF CONSERVATOR**

If it becomes necessary for a court to appoint a conservator of my estate, I nominate the following persons for appointment, with priority to serve in the order named:

**Cheryl Ann Robinson**  
**3979 N. Oak Park Place**  
**Boise, Idaho 83703-0183**  
**208-473-0183**

**Deanna Barney Pond**  
**5507 El Gato Lane**  
**Meridian, Idaho 83642**  
**208-869-1819**

## **CONSENT FOR RELEASE OF ELECTRONICALLY STORED INFORMATION**

I authorize any person or entity that possesses, controls or has custody of any of my electronically stored information or that provides me with any electronic communication service or remote computing service, whether public or private, to disclose to my then-acting Agent at any time:

- (1) Any of my electronically stored information;
- (2) The contents of any communication that is stored electronically by that service or that is carried or maintained on that service; and
- (3) Any record or other information pertaining to me with respect to that service.

This authorization is to be construed to be my lawful consent under the Electronic Communications Privacy Act of 1986, as amended; the Computer Fraud and Abuse Act of 1986, as amended; the Revised Uniform Fiduciary Access to Digital Assets Act (Idaho Code, Section 15-14-101, et.seq.) and any other applicable federal or state data privacy law. This authorization is effective immediately. Unless this authorization is revoked by me in writing while I am competent, this authorization continues to be effective during any period that I am incapacitated and continues to be effective after my death.

## **DURABLE POWER OF ATTORNEY**

This Power of Attorney is a durable power of attorney pursuant to Idaho Code, Section 15-12-104, and shall not be affected by subsequent disability, incapacity, or lack of mental competence of the principal.

## **RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it is terminated or invalid.

## REVOCATION OF PRIOR POWERS OF ATTORNEY

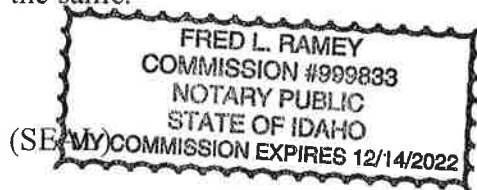
I hereby revoke all prior powers of attorney previously executed by me, with the exception of powers of attorney to make health care decisions.

## SIGNATURE AND ACKNOWLEDGMENT

*Patricia Ann Finley*  
**Patricia Ann Finley**  
**3983 N. Oak Park Place**  
**P.O. Box 7785**  
**Boise, Idaho 83707**  
**(208) 336-1425**

STATE OF IDAHO )  
County of Ada ) ss

On this 27<sup>th</sup> day of February, in the year of 2020, before me, Fred L. Ramey, notary public, personally appeared Patricia Ann Finley, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.



*Paul L. Ramsey*  
Notary Public for Idaho  
Residing at Boise, Idaho

### IMPORTANT INFORMATION FOR AGENT

## AGENT'S DUTIES

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney; and
- (4) Disclose your identity as an agent whenever you act for the principal by signing the

name of the principal and signing your own name as "agent" in the following manner:

**"Patricia Ann Finley by Cheryl Ann Robinson"**

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions conducted for the principal;
- (5) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

#### **TERMINATION OF AGENT'S AUTHORITY**

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) Death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power of attorney; or
- (4) The purpose of the power of attorney is fully accomplished.

#### **LIABILITY OF AGENT**

The meaning of the authority granted to you is defined in the act. If you violate the act or act outside the authority granted, you may be liable for any damages caused by your violation.

**IF THERE IS ANYTHING ABOUT THIS DOCUMENT OR YOUR DUTIES THAT YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL ADVICE.**

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