

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
APR 17 2020
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 #6 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
37-12818D	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

2. Previous Owner's Name: Mariana S. Paen Trust
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Anthony J. Paen
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 117 N. Hiawatha Dr. Hailey ID 83333
Mailing address City State ZIP
- 208 721-2587 tony@seall.net
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: January 1, 2020
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):
☐ \$25 per undivided water right.
☐ \$100 per split water right.
☐ 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] Title, if applicable: _____ Date: April 14 2020
Signature of new owner/claimant
- Signature: _____ Title, if applicable: _____ Date: _____
Signature of new owner/claimant

For IDWR Office Use Only:

Received by: DM Date: 4-17-2020 Receipt No. 5037874 Receipt Amt. \$25-

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: DM Date: 6-15-2020

Instrument # 666874

HAILEY, BLAINE, IDAHO

2-5-2020 09:59:28 AM No. of Pages: 2

Recorded for : AHRENS DEANGELI LAW GROUP

JOLYNN DRAGE

Fee: 15.00

Ex-Officio Recorder Deputy

Index to: GRANT DEED



Recording Requested By And
When Recorded Mail To:

Nicholas S. Marshall
Ahrens DeAngeli Law Group LLP
P.O. Box 9500
Boise, Idaho 83707-9500

Grant Deed

Anthony James Paen, as trustee of the Mariana S. Paen Trust, "Grantor," does hereby grant, bargain and convey to Anthony J. Paen, "Grantee," whose mailing address is 117 N. Hiawatha Drive, Hailey, Idaho 83333 the following described real property, located at 117 N. Hiawatha Drive, Hailey, in Blaine County, State of Idaho more particularly described as follows:

Lot 5 Block 1 BUCKHORN SUBDIVISION, FIRST ADDITION, according to the official plat thereof, recorded as Instrument No. 217019, records of Blaine County, Idaho.

TOGETHER WITH THE FOLLOWING WATER RIGHTS:

37-12818 Priority Date of 03-24-1883

37-30000 Priority Date of 03-24-1883

TOGETHER WITH all improvements, easements, hereditaments, and appurtenances thereto, and all tenements, reversions, remainders, rights-of-way and water rights in anywise appertaining to the property herein described.

SUBJECT TO taxes and assessments for the year 2019 and all subsequent years, and to such rights, easements, liens, encumbrances, covenants, rights-of-way, reservations, restrictions and zoning regulations as appear of record or based upon the premises, and to any state of facts an accurate survey or inspection of the premises would show.

The property described in this conveyance shall be the separate property of the Grantee, and in accordance with the provisions of Idaho Code § 32-906(1), all income, rents, issues, profits, gains and appreciation of said property shall be the separate property of the Grantee.

The Grantor executes this instrument solely in its fiduciary capacity. Any further recourse hereunder is to be only against the aforementioned trust.

DATED to be effective this 1st day of January, 2020.

Mariana S. Paen Trust, U/T/A dated March 7, 1997,
as amended

By: 
Anthony James Paen, trustee

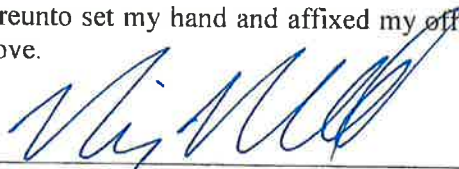
“Grantor”

STATE OF IDAHO)
) ss.
COUNTY OF BLAINE)

On this 1st day of January, 2020, before me, a Notary Public for the State of Idaho, personally appeared Anthony James Paen, as trustee of the Mariana S. Paen Trust, U/T/A dated March 7, 1997, as amended, known to me to be the person named in the foregoing, and acknowledged to me that he executed the same as his free act and deed, for the uses and purposes therein mentioned.

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




Notary Signature

STATE OF IDAHO CERTIFICATION OF VITAL RECORD

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

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2018-07316

07/11/2018

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PROOF OF FACTS OF THIS DEATH UNDER §§ 2-1018 AND 2-1019, I.C.

Local Reg. No.

DECEDENT	*1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) MARIAN S. PAEN AKA MARIANA MARICICH-PAEN, AKA MARIANA S. PAEN, AKA MARIAN WOODWELL STOLTZUS		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER
	4a. AGE Last Birthday 65 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes	4c. UNDER 1 DAY Hours Minutes
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	5. DATE OF BIRTH (Mo/Day/Yr) 09/25/1952		6. BIRTHPLACE (City and State, Territory, or Foreign Country) PRINCETON, NEW JERSEY	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BLAINE	7c. CITY OR TOWN HAILEY
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER 117 N. HIAWATHA DRIVE		7e. APT. NO.	7f. ZIP CODE 83333
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) ANTHONY JAMES PAEN	
PARENTS	10. EVER IN U.S. <input checked="" type="checkbox"/> ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. BIRTHPLACE (State, Territory, or Foreign Country) LEBANON	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) NEW YORK		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ELIZABETH MC GRAW	
INFORMANT	13a. INFORMANT'S NAME (Type or print) ANTHONY JAMES PAEN		13b. RELATIONSHIP TO DECEDENT HUSBAND	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 117 N. HIAWATHA DRIVE HAILEY, ID 83333
	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) FARNSWORTH CREMATORY 1343 SOUTH LINCOLN JEROME, IDAHO 83338	
DISPOSITION	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY WOOD RIVER CHAPEL 483 NORTH MAIN STREET HAILEY, IDAHO 83333		17a. LICENSE NUMBER (Of licensee) M0520	
	17b. LICENSE NUMBER (Of licensee) M0520		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	
	20. FACILITY NAME (If not facility, give street and number) 117 N. HIAWATHA DRIVE		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE HAILEY, ID 83333	
DATE OF DEATH	22. DATE OF DEATH (Mo/Day/Yr) (Spell month) July 5, 2018		24. TIME OF DEATH (24hr) 13:20	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) July 5, 2018
	26. TIME PRONOUNCED DEAD (24hr) 13:20		27. CAUSE OF DEATH	
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. CHRONIC KIDNEY DISEASE STAGE 4 DUE TO (or as a consequence of): b. OBSTRUCTIVE UROPATHY DUE TO (or as a consequence of): c. CERVICAL CANCER NON-METASTATIC DUE TO (or as a consequence of): d.		Approximate Time Interval: Onset to Death 7 YEARS 10 YEARS 18 YEARS	
	PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HIP FRACTURE-NONUNION		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	
CERTIFIER	33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
	35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____		36. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):	
	38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.	
REGISTRAR	39b. 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.		39c. DATE SIGNED 7 / 6 / 2018 MM DD YYYY	
	Signature and Title of Certifier: ELECTRONICALLY SIGNED: KATHRYN A. WOODS, M.D. * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) KATHRYN A. WOODS, 1450 AVIATION DRIVE STE 100 HAILEY, ID 83333		40a. REGISTRAR'S SIGNATURE James B. Aydelotte	
40b. DATE SIGNED 7 / 11 / 2018 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:

JUL 11 2018

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region • 650 ADDISON AVE W STE 500 • TWIN FALLS, ID 83301-5858

Phone: (208)736-3033 • Fax: (208)736-3037 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

June 15, 2020

ANTHONY J PAEN
117 N HIAWATHA DR
HAILEY ID 83333-8744

Re: Change in Ownership for Water Right No(s): 37-12818D

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) 293-9908.

Sincerely,

Denise Maline

Denise Maline
Administrative Assistant 1

Enclosure(s)

c: Ahrens DeAngeli Law Group LLP
Water District 37



AHRENS DEANGELI
L A W G R O U P

RECEIVED
APR 17 2020
DEPT OF WATER RESOURCES
SOUTHERN REGION

April 15, 2020

VIA CERTIFIED MAIL – 7017 2400 0000 8550 2993

IDWR Southern Region
650 Addison Ave. W., Ste 500
Twin Falls, ID 83301-5858

Re: Water Right No. 37-12818D – 117 N. Hiawatha Drive

Dear Clerk:

Enclosed for processing is a Notice of Change in Water Right Ownership for Water Right No. 37-12818D, also enclosed are the following:

- a copy of the death certificate of Mariana S. Paen;
- a copy of the Grant Deed; and
- a check for \$25.00 to cover the fee associated with this request.

Please confirm receipt of the enclosed form by placing your "received" date-stamp on the enclosed copy and then return the same to us in the envelope provided.

If you have any questions or require further assistance, please feel free to contact me at (208) 639-7793 or via email at cbudd@adlawgroup.com.

Very truly yours,

Gage L. Church
Legal Assistant

Enclosures

Copy to: Anthony J. Paen