

RECEIVED

JAN 30 2020

JWR / NORTH

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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?
DE 95-16652	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: Lester Keith Emerson
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Cheryl Denise Rempel
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 30187 N. Good Hope Rd Athol ID 83801
Mailing address City State ZIP
- 360-904-4079 live-fully3@aol.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: 11-8-19
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: Cheryl Denise Rempel 1-29-20
Signature of new owner/claimant Title, if applicable Date

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

For IDWR Office Use Only:

Received by JK Date 1-30-2020 Receipt No. N035894 Receipt Amt. 25.00

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 Ja Date 3-3-2020

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

DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

NOV 08 2019

In Re CSRBA
Case No. 49576

PARTIAL DECREE PURSUANT TO
I.R.C.P. 54(b) FOR

Water Right 95-16652

By

Clerk

Deputy Clerk

NAME AND ADDRESS: LESTER KEITH EMERSON
30187 N GOOD HOPE RD
ATHOL, ID 83801

SOURCE: GROUND WATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 07/01/2009

POINT OF DIVERSION: T53N R02W S18 NENE Within Kootenai County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE	PERIOD OF USE	QUANTITY
Stockwater	01-01 TO 12-31	0.02 CFS
Domestic	01-01 TO 12-31	0.04 CFS

Domestic use is for 1 home.

PLACE OF USE: Stockwater Within Kootenai County
T53N R02W S18 NENE
Domestic Within Kootenai County
T53N R02W S18 NENE

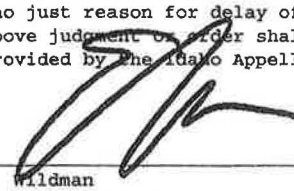
OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

The quantity of water decreed for this water right is not a
determination of historical beneficial use.

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(5).

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, SUPPLIED BY THE STATE REGISTRAR WITH THESE VITAL RECORDS, IS VALID FOR ALL PURPOSES. THE ORIGINAL COPY OF THIS DOCUMENT IS KEPT IN THE STATE ARCHIVES.

Local Reg. No.

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) LESTER KEITH EMERSON		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 66 (Years)		4b. UNDER 1 YEAR 4c. UNDER 1 DAY 4d. DATE OF BIRTH (Mo/Day/Yr) 09/14/1948	
PARENTS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	7c. CITY OR TOWN ATHOL
	7d. STREET AND NUMBER 30187 N. GOOD HOPE ROAD		7e. APT. NO. 83801	7f. ZIP CODE 83801
INFORMANT	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) CHERYL DENISE SCHEY	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) SHERILL EMERSON 11b. BIRTHPLACE (State, Territory, or Foreign Country) WYOMING	
DISPOSITION	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EVA MAE MARSHALL		12b. BIRTHPLACE (State, Territory, or Foreign Country) WYOMING	
	13a. INFORMANT'S NAME (Type or print) CHERYL EMERSON		13b. RELATIONSHIP TO DECEDENT SPOUSE	
PLACE OF DEATH	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <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) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		17. LICENSE NUMBER (Of license) F1124	
DATE OF DEATH	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19a. IF DEATH OCCURRED IN A HOSPITAL: 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA <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)	
	20. FACILITY NAME (If not facility, give street and number) KOOTENAI HEALTH		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814	
CAUSE OF DEATH	22. COUNTY OF DEATH KOOTENAI		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 15, 2014	
	24. TIME OF DEATH (24hr) 11:18		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 15, 2014	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	26. TIME PRONOUNCED DEAD (24hr) 11:18		27. CAUSE OF DEATH PART I. Enter the <u>cause of death</u> - 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. CLOSTRIDIUM DIFFICILE COLITIS DUE TO (or as a consequence of): METASTATIC NON SMALL CELL CANCER UNKNOWN PRIMARY DUE TO (or as a consequence of): COPO - PROTEIN S DEFICIENCY	
	28. IMMEDIATE CAUSE (Final disease or condition resulting in death) CLOSTRIDIUM DIFFICILE COLITIS		29. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) COPO - PROTEIN S DEFICIENCY	
CERTIFIER	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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) October 15, 2014		33. TIME OF INJURY (24hr) 11:18	
REGISTRAR	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) State		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		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	
CERTIFIER	38a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the nature of the cause(s) and manner stated.		38b. WHAT SAFETY DEVICES(D) 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. SIGNATURE AND TITLE OF CERTIFIER ELECTRONICALLY SIGNED: SHAUN K. JOSHI, M.D. 39b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SHAUN K. JOSHI, 8836 N. HESS SUITE C HAYDEN, ID 83835		39c. LICENSE NUMBER M-08219 39d. DATE SIGNED 10 / 16 / 2014 MM DD YYYY	
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 10 / 21 / 2014 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 21 2014

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

JAMES B. AYDELOTTE
STATE REGISTRAR



WILLIAM APPLETON
ATTORNEY AT LAW, ISB #1938
1424 SHERMAN AVENUE, SUITE 100
COEUR D'ALENE, IDAHO 83814
TELEPHONE: 208-666-2518
FACSIMILE: 208-666-2519

STATE OF IDAHO }
COUNTY OF BUTTE } SS

2014 DEC 23 PM 4: 25

CLERK DISTRICT COURT

DEPUTY

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF KOOTENAI

In the Matter of the Estate of

LESTER KEITH EMERSON,

Deceased.

Case No. CV 14-7882

LETTERS TESTAMENTARY

An order having been entered in this case appointing Cheryl D. Emerson personal representative, these Letters are now issued as evidence that Cheryl D. Emerson is the personal representative of the estate of Lester Keith Emerson.

DATED this 22 day of December 2014.

ROBERT CALDWELL
Magistrate

LETTERS TESTAMENTARY

DEED OF DISTRIBUTION FROM PERSONAL REPRESENTATIVE

FOR VALUE RECEIVED, Cheryl D. Emerson, as personal representative of the Estate of Lester Keith Emerson, hereby transfers, grants, and conveys unto Cheryl D. Emerson, Grantee, whose address is 30187 N. Good Hope Road, Athol, Idaho 83801.

WHEREAS, the Grantor is the duly appointed and qualified personal representative of the Estate of Lester Keith Emerson filed for probate in Idaho District Court for Kootenai County, case number CV 14-7882; and

WHEREAS, Grantee is entitled to distribution of the real property herein described;

NOW, THEREFORE,

Grantor does convey and transfer to Grantee all rights and title of the estate of Lester Keith Emerson in the following real property located at 30187 N. Good Hope Road, Athol, Idaho, and described as:

The North half (N1/2) of the Southeast quarter (SE1/4) of the Northeast quarter (NE1/4) of the Northeast quarter (NE1/4) of Section 18, Township 53 North, Range 2 West, Boise Meridian

DATED this 28 day of January 2015.

Cheryl D. Emerson
CHERYL D. EMERSON
Personal Representative

STATE OF IDAHO)
) ss.
County of Kootenai)

On this 28 day of January 2015, before me a notary public, personally appeared Cheryl D. Emerson, known to me to be the person whose name is subscribed to this deed as personal representative of the Estate of Lester Keith Emerson, and she acknowledged to me that she executed this deed as personal representative of that estate.



William Appleton
Notary Public for Idaho
Commission expires: Nov 18, 2018

JIM BRANNON
CLERK

BY Jim Brannon
DEPUTY PAGE COUNT 1 PAGES

K.C. Recorder
PO Box 9000
Coeur d'Alene, ID 83816-9000



STATE OF IDAHO

State File No. _____
County File No. 1384421000

COUNTY OF KOOTENAI

Marriage License

KNOW ALL PERSONS BY THIS CERTIFICATE: That any regularly ordained minister of the Gospel, authorized by the rites and usages of the church or denomination of Christians, Hebrews, or religious body of which said minister is a member, or any judge or magistrate, or competent officer to whom this may come, not knowing of any lawful impediments thereto, is hereby authorized and empowered to solemnize the rites of Matrimony between:

APPLICANT 1

AND

APPLICANT 2

1. Full Name CHERYL DENISE EMERSON
2. Address ATHOL KOOTENAI ID
City County State
3. Age 62 4. Race CAUCASIAN 5. Single Y 6. Widowed Y 7. Divorced
8. Sex F 9. Birth Name SCHEY
10. Birthplace: City PASADENA State/Country CA

11. Full Name PETER REMPEL
12. Address CROSSFIELD MOUNTAIN VIEW ALBERTA
City County State
13. Age 66 14. Race CAUCASIAN 15. Single Y 16. Widowed Y 17. Divorced
18. Sex M 19. Birth Name REMPEL
20. Birthplace: City TABER State/Country Canada

And to certify the same to said parties, or either of them under the signature and seal, of said minister of official capacity, and thereupon is required to deliver the original to the parties so married.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal.

at COEUR D'ALENE KOOTENAI COUNTY, IDAHO,

this 12th day of December, A.D. 2016



JIM BRANNON
Recorder

Marriage Certificate

I, Cory Kirkham, Minister of the Gospel, residing in the city of Rathdrum, in the County of Kootenai, in the State of ID do certify that, in accordance with the authority on me conferred by the above license, I did on this 21st day of January in the year A.D. 2017 in the city of Sandpoint, in the County of Kootenai, in the State of Idaho, solemnize the rites of matrimony between CHERYL DENISE EMERSON of ATHOL in the County of KOOTENAI, of the State of ID and PETER REMPEL of CROSSFIELD, in the County of MOUNTAIN VIEW of the State of ALBERTA, in the presence of Melody Henderson and Linda Bempel

WITNESS My Hand of the County aforesaid, this 21 day of January, A.D. 2017

In the presence of: Jim Brannon Official's Signature
and Melody Henderson Mailing Address P.O. Box 539
County Recorder, Book 83858 Rathdrum ID 83858
Date Received JAN 25 2017 Signature Jim Brannon Official's Phone 208 687 4341
By County Recorder Date Received By State Registrar

(Use typewriter and/or black ink)

Official should send this copy back to the County Recorder immediately



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N MINERAL DR STE 100 • COEUR D ALENE, ID 83815-7763
Phone: (208)762-2800 • Fax: (208)769-2819 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

March 03, 2020

CHERYL DENISE REMPEL
30187 N GOOD HOPE RD
ATHOL ID 83801-9797

Re: Change in Ownership for Water Right No(s): 95-16652

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 the Northern Region Office at (208) 762-2800.

Sincerely,

A handwritten signature in blue ink that reads "Tammy Alleman".

Tammy Alleman
Administrative Assistant 1

Enclosure(s)