

RECEIVED

DEC 05 2019

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

IDWR / NORTH

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?
95-1674	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: James Brennan
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Paulaanna Hodge
New owner(s) as listed on the conveyance document
- 7966 W. Nash Spirit Lake Id 83865
Mailing address City State ZIP
- 208-755-0843 fhodg@frontier.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: 8-21-18
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: Paulaanna Hodge 12-5-19
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 NS Date 12-5-19 Receipt No. N035794 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 NS Date 12-27-19

QUITCLAIM DEED

ATEC ORDER NO.: 416428

FOR VALUE RECEIVED,

Paulaanna B. Flodquist, Personal Representative of the estate of James Francis Brennan, deceased, pursuant to Kootenai County, Probate Case No. CV28-18-7702

do(es) hereby convey, release, remise and forever quitclaim unto

Paula Flodquist and Timothy Flodquist, wife and husband

whose current address is: 7966 W Nash Road, Spirit Lake, ID 83869

the following described premises:

Parcel 1:

The South 1160 feet of the East 396 feet of the Southeast Quarter of the Northeast Quarter of Section 1, Township 53 North, Range 5 West, Boise Meridian, Kootenai County, State of Idaho.

Parcel 2:

Situated in Kootenai County, State of Idaho, Section 1, Township 53 North, Range 5 West, Boise Meridian, the following described premises, to-wit:

COMMENCING at the Point of Origin located 1235 feet, more or less, South of the Northeast corner of Section 1, Township 53 North, Range 5 West, Boise Meridian, Kootenai County, Idaho along the East line of Section 1 where the centerline of the Butterworth Draw Creek bottom, as it now exists, intersects the East line of Section 1;

thence continuing South along the East line to the Northeast corner of Tax #9748, which is presently owned by the "Buyers";

thence West along the North boundary of said Tax #9748, a distance of 396 feet to the Northwest corner of Tax #9748;

thence South along the West line of Tax #9748 a distance of 160 feet, to the Northeast corner of Tax # 9794, land described in Deed to Knudsen Chevrolet Company, an Idaho Corporation, recorded September 22, 1975, in Book 273 of Deeds, Page 387;

thence West along the North line of land described in said Deed, 190 feet to a point on the North line of land described in said Deed, which point is also a corner to Tax #11501, land owned by Richard J. Hansen and Shirley J. Hansen, husband and wife;

thence North along the East line of the Hansen land, to a point in the center of the Butterworth Draw Creek as it now exists which point is also the Northeast corner of the Hansen land;

thence In a Northeasterly direction along the centerline of the creek bottom to the Point of Origin where the creek as it now exists, intersects the East line of Section 1, Township 53 North, Range 5 West, Boise Meridian, Idaho.

I/We have been requested by Escrowholder to seek legal counsel of our own choosing at our own expense, if we have any doubt concerning any aspect of this transaction.

I/We have been afforded adequate time and opportunity to read and understand these escrow instructions and all other documents referred to therein.

These escrow-closing instructions constitute the entire agreement between the Escrowholder and the undersigned parties. Any amendment and/or supplement to these instructions must be in writing.

We further understand that ATEC assumes no liability as to any law, ordinance or governmental regulations including, but not limited to, building, zoning and division of land ordinances and assumes no responsibility for determining that the parties to the escrow have complied with the requirements of the Truth in Lending, Consumer Protection Act (Public Law 90-321), or similar laws.

THE UNDERSIGNED HAVE READ AND FULLY UNDERSTAND THE FOREGOING ESCROW CLOSING INSTRUCTIONS AND ALSO THE DECLARATION SET FORTH ABOVE AND AGREE TO THE SAME

I/We hereby release Alliance Title & Escrow Corp. And their employees from any and all liability or responsibility in connection with the compliance of this instructions.



Paulaanna B. Flodquist, Personal
Representative

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

Estate of

CASE NO.
CV28-18-7702

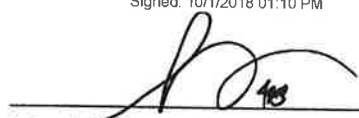
LETTERS TESTAMENTARY

James Francis Brennan
Deceased

The will of James Francis Brennan, deceased, dated 23 day of August 2018, having been proved and admitted to probate in the above-named Court in informal proceedings, Paulaanna B. Flodquist, is hereby appointed personal representative (executor) of said will and estate.

WITNESS: The undersigned, Magistrate of the District Court of the First Judicial District of the State of Idaho, in and for the County of Kootenai, State of Idaho, with the seal of the Court affixed, this _____ day of _____ 20____.

Signed: 10/1/2018 01:10 PM


Magistrate Judge

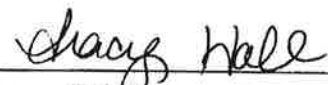
STATE OF IDAHO .
County of Kootenai

I hereby accept the appointment and duties of personal representative (executor) of the will and estate of James Francis Brennan, deceased, and do solemnly swear that I will perform, according to law, the duties of such personal representative.




Petitioner

Subscribed and sworn to before me this 28 day of September 2018


Notary Public, in and for the State of Idaho,
residing at Blanchard, Idaho.

My Commission Expires: May 13 2022

STATE OF IDAHO } SS
COUNTY OF KOOTENAI }
FILED

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

2018 SEP 28 AM 10:15

In the Matter of the
Estate of

James Francis Brennan,

Deceased

DEPUTY DISTRICT COURT
Robert D. [Signature]
DEPUTY

APPLICATION FOR INFORMAL
PROBATE OF WILL AND
APPOINTMENT OF PERSONAL
REPRESENTATIVE

CV 28-18-7702

FEE CATEGORY _____

FEE \$ _____

The applicant, Paulaanna Brennan Flodquist, respectfully shows the Court and states as follows:

1. Applicant's interest in this matter is that of the spouse of the decedent and the person nominated in the deceased's Will as personal representative of the estate of the deceased.

2. The applicant is in all ways fit, competent and a suitable person to be appointed personal representative (executor) of the will and estate of the decedent, James Brennan.

3. James Brennan died on the 23 day of August 2018 at the age 81 of legal years, in the County of Kootenai, State of Idaho.

4. The names and addresses of the decedent's spouse, children, heirs and devisees are as follows:

Name:	Relationship:	Age:	Address:
Paulaanna B. Flodquist	Daughter	47	7966 Nash Rd Spirit Lake, Id 83869

5. The decedent had no children other than those whose names appear in Paragraph 4 above and left surviving him no issue of any deceased child.

6. Venue for this proceeding is in Kootenai County, State of Idaho, because the deceased was domiciled in Kootenai County, State of Idaho, at the time of his death.

7. No personal representative of the decedent's estate has been appointed in this state or elsewhere.

TIMOTHY L. VAN VALIN

8. The applicant has not received a demand for notice and is not aware of a demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.

9. The decedent executed a last will and testament, dated the 3 day of August 2018, and the original of said will accompanies this application.

10. To the best of the applicant's knowledge said will was validly executed, and after the exercise of reasonable diligence, applicant is unaware of any instrument revoking said will; and the applicant believes that said will is the decedent's last will.

11. The time limit for informal probate of the decedent's will and the informal appointment of a personal representative of the decedent's will and estate has not expired because less than three (3) years has passed since the date of the decedent's death.

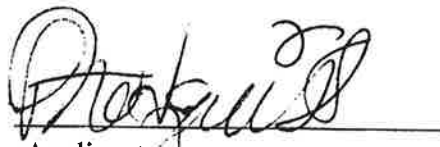
12. The status in which Paulaanna Brennan Flodquist seeks appointment is as the person nominated in the decedent's will.

13. Bond is not required.

14. An estimate of the total assets of the estate has been sent to the Idaho State Tax Commission.

WHEREFORE, applicant prays that decedent's will be admitted to probate; that the applicant be appointed personal representative (executor) of the decedent's will and estate and that Letters Testamentary be issued to applicant, without bond.

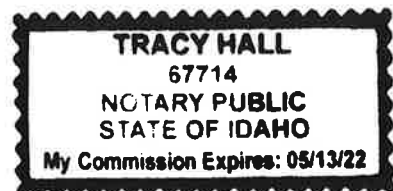
DATED this 28 day of September 2018.


Applicant

STATE OF IDAHO

County of Kootenai

Paulaanna Flodquist being duly sworn, states as follows:



That she is the applicant in the foregoing application; that she has read the application; and that the application is accurate and complete, and the statements therein contained are true to the best of her knowledge and belief.

Subscribed and sworn to before me this 28 day of September 2018

Grace Hill

Notary Public in and for the State of Idaho,

Residing at Blanchard Idaho.

My Commission Expires May, 13 2022

Last Will for James Brennan

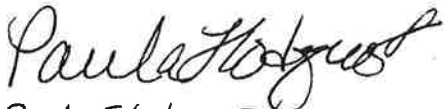
I, James Brennan leaving everything I own to my only daughter, Paulaanna Brennan Flodquist. The house on Nash and all personnel property. I also have a video will saying the same thing.

Void all other wills dated prior, as of August 3, 2018

Sincerely,



James Brennan


Paula Flodquist

May 13 2022
Megan Jon
Megan Johnson



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 CERTIFICATE, ISSUED BY THE STATE REGISTRAR, SHALL BE USED AS PROOF OF DEATH FOR ALL PURPOSES.

Local Reg. No.

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) JAMES BRENNAN		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. AGE (Last Birthday) 81 (Years)		4b. UNDER 1 DAY Months: Days: Hours: Minutes:		5. DATE OF BIRTH (Mo/Day/Yr) 08/18/1936	
6. BIRTHPLACE (City and State, Territory, or Foreign Country) CHICAGO, ILLINOIS					
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN SPIRIT LAKE	
7d. STREET AND NUMBER 7966 W. NASH ROAD		7e. APPT. NO. 83669		7f. ZIP CODE 83669	
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)			
10. EVER IN U.S. ARMY FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) JAMES PATRICK BRENNAN		11b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) BERNADINE CAROLINE SCHULTE		12b. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA			
13a. INFORMANT'S NAME (Type or print) PAULA FLODQUIST		13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 7966 W. NASH ROAD SPIRIT LAKE, ID 83669	
14. METHOD OF DEPOSITION ☒ Death ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DEPOSITION (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	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY SIGNED: ED D. YATES		17b. LICENSE NUMBER (if known) M0832		18. WAS CEMETERY CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
PLACE OF DEATH (19-22)					
19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Out ☐ Hospice facility ☐ Nursing Home/long term care facility ☐ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Out ☐ Hospice facility ☐ Nursing Home/long term care facility ☐ Decedent's home ☐ Other (Specify)		20. FACILITY NAME (if not home, give street and number) 7966 W. NASH ROAD	
21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE SPIRIT LAKE, ID 83669		22. COUNTY OF DEATH KOOTENAI			
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 23, 2018		24. TIME OF DEATH (24hr) 08:00		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 23, 2018	
26. TIME PRONOUNCED DEAD (24hr) 08:00					
27. CAUSE OF DEATH					
PART I. Enter the chain of events - disease, injury, or complication, 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 (From disease or condition resulting in death)					
a. HYPoxic ENCEPHALOPATHY DUE TO (or as a consequence of):					
b. CONGESTIVE HEART FAILURE DUE TO (or as a consequence of):					
c. ISCHEMIC CARDIOMYOPATHY DUE TO (or as a consequence of):					
d.					
PART II. Enter the chain of events - disease, injury, or complication, that indirectly caused the death, but not resulting in the underlying cause given in Part I.					
e. PULMONARY HYPERTENSION; HYPERTENSION					
28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown		29. IF FEMALE (Aged 15-64): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		30. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
31. DATE OF INJURY (Mo/Day/Yr) (Spell month)		32. TIME OF INJURY (24hr)		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, mining, home, restaurant, forest, etc.)	
34. LOCATION OF INJURY: State: City/Town or County: Zip Code:		35. INJURY AT WORK? ☐ Yes ☒ No			
36. 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					
37a. TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Other (Specify)		37b. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger		37c. WHAT SAFETY DEVICES(D) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
38a. CERTIFIER (Check only one, based on official capacity for this certificate)					
☒ PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.					
☐ PHYSICIAN ASSISTANT To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.					
☐ 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.					
☐ 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).					
38b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ELECTRONICALLY SIGNED: ROBERT A. ANCKER, M.D. ROBERT A. ANCKER, 2299 W. PRAIRIE AVENUE COEUR D'ALENE, ID 83816					
39a. REGISTRAR'S SIGNATURE James B. Aydelotte		39b. LICENSE NUMBER M-05371			
39c. DATE SIGNED 8 / 24 / 2018 MM DD YYYY		40a. DATE SIGNED 8 / 27 / 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: **AUG 27 2018**

Three 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

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

December 27, 2019

PAULA FLODQUIST
TIMOTHY FLODQUIST
7966 W NASH RD
SPIRIT LAKE ID 83869-8713

Re: Change in Ownership for Water Right No(s): 95-10474

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) 762-2800.

Sincerely,

Natalie Steading
Natalie Steading
Tech Records Specialist

Enclosure(s)