

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

AUG 21 2019

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?
65-16003	Yes ☐	Yes ☐		Yes ☐	Yes ☐
65-23249	Yes ☒	Yes ☐		Yes ☐	Yes ☐
65-12335	Yes ☐	Yes ☐		Yes ☐	Yes ☐
split into	Yes ☐	Yes ☐		Yes ☐	Yes ☐
65-23249 + 65-23859	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Marc William Schrier Revocable Trust
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Mary Joanne Schrier Revocable Trust
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 7 Lewis Dr. Lowman ID 83637
Mailing address City State ZIP
- 612-220-5731 schriers@yahoo.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: 8/15/2019

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.

SUPPORT DATA

IN FILE # 65-12335

8. Signature: Mary Joanne Schrier 8/21/2019
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 [Signature] Date 8/21/19 Receipt No. C107433 + C107828 Receipt Amt. \$50 + 100.00

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 _____ Date _____

Instrument # 264535

IDAHO CITY, BOISE COUNTY, IDAHO

8-20-2019 10:37:48 AM No. of Pages: 3

Recorded for : MARY JOANNE SCHRIER

MARY T. PRISCO Fee: 15.00

Ex-Officio Recorder Deputy

Index to: DEEDS

QUIT CLAIM DEED

FOR VALUE RECEIVED, MARY JOANNE SCHRIER and TIMOTHY MARC SCHRIER, Co-Trustees of the MARC WILLIAM SCHRIER REVOCABLE TRUST U/A DATED JULY 1, 2010 ("Grantors"), do hereby convey, release, remise and forever quit claim all of Grantors' right, title, interest in and to the real property hereinafter described, unto MARY JOANNE SCHRIER, TRUSTEE OF THE RESTATED MARY JOANNE SCHRIER REVOCABLE TRUST AGREEMENT DATED August 15, 2019 ("Grantee"), whose current address is 8915 Preserve Boulevard, Eden Prairie, MN 55347 the following described real property and improvements thereon situated in Boise County, State of Idaho:

See attached Exhibit A which is made a part hereof.

together with its appurtenances.

WITNESS WHEREOF, the Grantors have caused their names to be hereunto subscribed on this 16th day of August, 2019.

Mary Joanne Schrier
MARY JOANNE SCHRIER, Co-Trustee

State of Idaho, County of Boise

This record was acknowledged before me on August 16, 2019 by Mary Joanne Schrier, Co-Trustee of the Marc William Schrier Revocable Trust.

Naomi Friedman
Signature of notary public

(SEAL)

Commission Expires: July 21, 2020

NAOMI FRIEDMAN
COMMISSION #15614
NOTARY PUBLIC
STATE OF IDAHO

Timothy Marc Schrier

TIMOTHY MARC SCHRIER, Co-Trustee

State of Idaho, County of Bose

This record was acknowledged before me on August 16, 2019 by Timothy Marc Schrier, Co-Trustee of the Marc William Schrier Revocable Trust.

Naomi Friedman

Signature of notary public

(SEAL)

Commission Expires: July 21, 2020

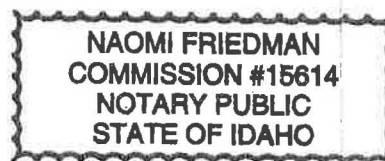


EXHIBIT A

- 1) T9N R8E – Joe Lewis, Lot 1, Section 27
- 2) T9N R8E – Joe Lewis Sub AMD
 - Block 1, Lot 1, Section 27
 - Block 1, Lot 2, Section 27
 - Block 1, Lot 3, Section 27
 - Block 1, Lot 4, Section 27
 - Block 1, Lot 5, Section 27
 - Block 1, Lot 6, Section 27

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2018-009286

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) MARC, WILLIAM, SCHRIER		2. AKA'S (IF ANY)		3. DATE OF DEATH 02/21/2018	
4. SEX MALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH 02/28/1943	7. AGE 74 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH MESA, MARICOPA, 85209					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) INPATIENT - MOUNTAIN VISTA MEDICAL CENTER					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) BOISE, IDAHO		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARY, JOANNE, BASSICK	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 8915 PRESERVE BOULEVARD, EDEN PRAIRIE, HENNEPIN, MN, 55347					
14. DECEDENT'S HISPANIC ORIGIN(S): NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S): WHITE		16. EVER IN ARMED FORCES YES	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) WILLIE, SCHRIER		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) EILEEN, MARIAN, TALBOY		17. OCCUPATION COMPUTER SPECIALIST	
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) MARY, JOANNE, SCHRIER				21. RELATIONSHIP SPOUSE	
22. INFORMANT'S MAILING ADDRESS 8915 PRESERVE BOULEVARD, EDEN PRAIRIE, MN, 55347					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON SUPERSTITION CREMATION AND FUNERAL SERVICE 398 E OLD WEST HIGHWAY, APACHE JUNCTION, AZ, 85119		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON STEPHEN, ADKINS		25. LICENSE NUMBER F0993	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY SUPERSTITION CREMATORY, APACHE JUNCTION, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH ANOXIC BRAIN ENCEPHALOPATHY				30. APPROXIMATE INTERVAL AT LEAST 24 HOURS	
31. B. DUE TO OR AS A CONSEQUENCE OF: CARDIAC ARRHYTHMIA				32. APPROXIMATE INTERVAL AT LEAST 24 HOURS	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ISCHEMIC CARDIOMYOPATHY		38. INJURY? NO	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH	
41. TIME OF DEATH 17:20		42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
CAUSE AND MANNER CERTIFICATION					
44. NAME OF PERSON COMPLETING CAUSE OF DEATH SARA, EL SAMMANI, EL GASSIM		45. DATE CERTIFIED 02/22/2018			
46. CERTIFIER'S ADDRESS 1301 S CRISMON ROAD, MESA, AZ, 85209					

Date Registered: 02/22/2018

Date Issued: 03/01/2018

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 E FRONT ST STE 648 PO BOX 83720 • BOISE, ID 83720-0098

Phone: (208)287-4800 • Fax: (208)287-6700 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

October 15, 2019

THE RESTATED MARY JOANNE SCHRIER REVOCABLE TRUST
7 LEWIS DR
LOWMAN ID 83637-7043

Re: Change in Water Right Ownership: 65-23249 (Split into 65-23249 and **65-23855**), 65-16003 & 65-12335

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of a portion of the above referenced water right(s) to you. The Department has modified its records based on the information received and has enclosed a computer-generated report for you.

Your portion of each water right(s) has a specified point of diversion, nature of use and place of use. If you plan to change the authorized point of diversion, nature of use, or place of use, including adding a new point of diversion, you must file an Application for Transfer of Water Right. If you do not plan to change any elements of your water right, then no further action is required at this time.

The portion of the water right retained by the original right holder retains the original water right number. The Department is sending the original right holder a copy of this letter and a computer-generated report showing the changes to the original water right.

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) 287-4942.

Sincerely,

Jean Hersley
Technical Records Specialist 2

Enclosure(s)

c: MARC WILLIAM SCHRIER REVOCABLE TRUST
WATER DISTRICT NO. 65

8915 Preserve Boulevard
Eden Prairie, MN 55347
October 6, 2019

RECEIVED

OCT 10 2019

RECEIVED

OCT 10 2019

DEPARTMENT OF
WATER RESOURCES

Jean Hersley
Idaho Department of Water Resources
322 E. Front St. Suite 648
Boise, ID 73702-7371

Re: Water Rights #23249 and 12335

Dear Ms. Hersley,
Enclosed is my check for \$100 to cover the additional charge for the change in ownership for the water rights we discussed by telephone this afternoon. Please let me know if you need any additional information. My cell phone number is 612-220-5731. I am currently in Minnesota at the address shown above. My Lowman address is 7 Lewis Drive.

Thank you so much for your assistance in this matter.

Regards,



Mary Joanne Schrier



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 E FRONT ST STE 648 PO BOX 83720 • BOISE, ID 83720-0098

Phone: (208)287-4800 • Fax: (208)287-6700 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

August 27, 2019

THE RESTATED MARY JOANNE SCHRIER REVOCABLE TRUST
7 LEWIS DR
LOWMAN ID 83637-7043

RE: Change in Ownership Water Right No(s): 65-16003 & 65-23249

Dear Interested Parties:

The Department of Water Resources (Department) acknowledges receipt of your Notice of Change in Water Right Ownership (Notice). The Department will update the ownership of water right 65-16003

Our review of your Notice indicates that additional information is required before the Department can process the change for water right 65-23249. The information required is indicated below:

- Water right 65-23249 is an irrigation right for 7.2 acres. The parcels you currently own are a total of 3.9 acres. Unless you withheld the water rights in the sale of parcels currently owned William & Tina Judy, Patrick & Nichole Kellogg, James & Angela Hellwege and Scott & Colleen Frisbie, water right 65-23249 will need to be split. This will require an additional fee of **\$75**. If the water was withheld, the Department will need to see the deeds that states the water rights were not included in the conveyance of the property.
- Water Right 65-12335 is another water right that is appurtenant to property you own. If you would like the ownership of this water right update, please let me know and include an additional **\$25**.

Because the Department cannot process the Notice without proper documentation and/or fees, we will hold any action on your notice pending receipt of the necessary information and /or fees. If we do not receive the necessary information and/or fees within 30 days we will return your notice and all attachments and your notice will not be processed.

Also, please note that water right holders are required to report any change of ownership and/or mailing address to the Department within 120 days of the change. Failure to report these changes could result in a \$100 late filing fee. Forms to assign ownership or update your address are available from any office of the Department or on the Department's website.

If you have any questions regarding this matter, please contact me at (208) 287-4942.

Sincerely,

Jean Hersley
Technical Records Specialist 2

Enclosure(s)