

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

**Notice of Change in Water Right Ownership**

RECEIVED

JUL 22 2019

DEPARTMENT OF  
WATER RESOURCES

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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 75-27E                | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 75-10293              | 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: Tyrell J Kremer, Patti L Conley  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): The Tyrell Jerome Kremer and Patti Lee Kremer Revocable Trust  
New owner(s) as listed on the conveyance document      Name connector ☐ and ☐ or ☐ and/or
- 12225 Blake Rd      Wilton      CA      95693  
Mailing address      City      State      ZIP
- 916-802-4152      p.kremer3@gmail.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: ORIG. PURCHASED 2001. PUT INTO TRUST 8/1/2008 - SEE ENCLOSED WARRANTY DEED  
3 WOODACRE ROAD

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: Patti L Kremer      SOLE TRUSTEE      7/16/2019  
Signature of new owner/claimant      Title, if applicable      Date

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

**For IDWR Office Use Only:**

Received by [Signature]      Date 7/22/19      Receipt No. C107252      Receipt Amt. 150

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 dh      Date 7/25/19

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

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**JUL 22 2019**

**Notice of Change in Water Right Ownership** **DEPT OF WATER RESOURCES**

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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 75-14253              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 75-10648              | 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: Tyrell Kremer, Patti Kremer  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): The Tyrell Jerome Kremer and Patti Lee Kremer Revocable Trust  
New owner(s) as listed on the conveyance document      Name connector ☐ and ☐ or ☐ and/or
- |                       |                            |           |              |
|-----------------------|----------------------------|-----------|--------------|
| <u>12225 Blake Rd</u> | <u>Wilton</u>              | <u>CA</u> | <u>95693</u> |
| Mailing address       | City                       | State     | ZIP          |
| <u>916-802-4152</u>   | <u>p.kremer3@gmail.com</u> |           |              |
| 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: ORIG PURCHASED BY TYRELL IN EARLY 90S - 15 WOODACRE ROAD PUT IN TRUST 8/1/2008 - SEE WARRANTY DEED

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: Patti L Kremer SOLE TRUSTEE & REPRESENTATIVE  
Signature of new owner/claimant      Title, if applicable      Date 7/16/2019
- Signature: \_\_\_\_\_  
Signature of new owner/claimant      Title, if applicable      Date

**For IDWR Office Use Only:**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Receipt Amt. \_\_\_\_\_

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 dh Date 7/25/19

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DEPARTMENT OF WATER RESOURCES

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| Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? | Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 75-14067              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 75-7104               | 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: Clyde W Hashaw  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): The Tyrell Jerome Kremer and Patti Lee Kremer Revocable Trust  
New owner(s) as listed on the conveyance document      Name connector ☐ and ☐ or ☐ and/or
- 12225 Blake Rd      Wilton      CA      95693  
Mailing address      City      State      ZIP
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- ☐ 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: 21 WOODACRE ROAD PURCHASED 6/19/2019 - SEE ORIG DEED PUT INTO TRUST 7/11/2019 - SEE QUITCLAIM DEED

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).

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- ☒ Filing fee (see instructions for further explanation):
- ☐ \$25 per *undivided* water right.
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  - ☐ 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: Patti L Kremer      SOLE TRUSTEE & REPRESENTATIVE      7/16/2019  
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 \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Receipt Amt. \_\_\_\_\_

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 dh Date 7/25/19

NWNW

NENW

Williams Creek Rd

Ann Rd

Nat For Dev Rd 621

75-27E, 75-10293

SWNW

SENW

12

**20N21E**

75-14067,  
75-7104

Wood Acre Rd

Williams Creek

75-14253  
75-10648

NWSW

NESW

**CERTIFICATION OF TRUST OF THE  
THE TYRELL JEROME KREMER AND PATTI LEE KREMER REVOCABLE TRUST**

**TO: ALL BANKS, SAVINGS AND LOAN ASSOCIATIONS, MUTUAL FUNDS, BROKERS, TITLE INSURERS, TRANSFER AGENTS, AND OTHER PERSONS AND INSTITUTIONS**

**I, PATTI LEE KREMER, Trustee of THE TYRELL JEROME KREMER AND PATTI LEE KREMER REVOCABLE TRUST, certify as follows:**

**1. CREATION OF TRUST**

THE TYRELL JEROME KREMER AND PATTI LEE KREMER REVOCABLE TRUST ("Trust") was established on March 6, 2008 by TYRELL JEROME KREMER and PATTI LEE KREMER, Trustors. Said Trust was amended and restated in its entirety on February 20, 2018.

**2. NAME OF TRUST**

The name of the Trust is THE TYRELL JEROME KREMER AND PATTI LEE KREMER REVOCABLE TRUST dated March 6, 2008, as amended.

**3. TRUSTEES**

PATTI LEE KREMER is the currently acting Trustee of the Trust.

**4. MANNER IN WHICH TITLE TO TRUST ASSETS SHOULD BE TAKEN**

Title to Trust assets should be taken in the following form: "PATTI LEE KREMER, Trustee of THE TYRELL JEROME KREMER AND PATTI LEE KREMER REVOCABLE TRUST dated March 6, 2008, as amended."

**5. REVOCABILITY OF TRUST**

The Trust is revocable.

**6. POWERS OF TRUSTEE**

Attached is a true and correct copy of a portion of the Declaration of Trust which lists powers of the Trustee.

**7. TAXPAYER IDENTIFICATION NUMBER**

The Taxpayer Identification Number of the Trust is social security number of PATTI LEE KREMER.

**8. NO REVOCATIONS, MODIFICATIONS, OR AMENDMENTS**

The Declaration of Trust has not been revoked, modified, or amended in any manner which would cause the representations contained in this Certification of Trust to be incorrect.

**9. SIGNED BY CURRENTLY ACTING TRUSTEES**

This Certification is being signed by the currently acting Trustee of the Trust.

**10. ACCURACY**

This Certification of Trust is a true and accurate statement of the matters referred to herein.

**11. RELIANCE ON THIS CERTIFICATION**

This certification is made in accordance with California Probate Code section 18100.5 and California Commercial Code section 8403(4)-(6). Any transaction entered into by a person acting in reliance on this certification shall be enforceable against the trust assets. PROBATE CODE SECTION 18100.5(h) PROVIDES THAT ANY PERSON WHO REFUSES TO ACCEPT THIS CERTIFICATION IN LIEU OF THE ORIGINAL TRUST DOCUMENTS WILL BE LIABLE FOR DAMAGES, INCLUDING ATTORNEYS' FEES, INCURRED AS A RESULT OF THAT REFUSAL, IF THE COURT DETERMINES THAT THE PERSON ACTED IN BAD FAITH IN REQUESTING THE TRUST DOCUMENTS.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: February 20, 2018

  
PATTI LEE KREMER

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California                    )  
County of Sacramento                )

On February 20, 2018, before me Laurel Esseff, a notary public, personally appeared PATTI LEE KREMER, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Laurel Esseff (Seal)



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## EL DORADO COUNTY

## HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

3052016207301

## CERTIFICATE OF DEATH

3201609000996

| STATE FILE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | LOCAL REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF DECEDENT - FIRST (Given)<br>TYRELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3. LAST (Family)<br>KREMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 2. MIDDLE<br>JEROME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 4. DATE OF BIRTH mm/dd/yyyy<br>09/12/1964                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 5. AGE Yrs<br>52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 6. SEX<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 7. DATE OF DEATH mm/dd/yyyy<br>10/18/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 8. HOUR (24 Hour)<br>1638                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 9. BIRTH STATE/FOREIGN COUNTRY<br>ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 10. SOCIAL SECURITY NUMBER<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 11. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 12. MARITAL STATUS/SDP (at Time of Death)<br>MARRIED                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 13. EDUCATION - Highest Level/Degree<br>(see worksheet on back)<br>SOME COLLEGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                        |  |
| 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED<br>SENIOR LOSS CONTROL CONSULTANT                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br>CONSTRUCTION SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 19. YEARS IN OCCUPATION<br>35                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 20. DECEDENT'S RESIDENCE (Street and number, or location)<br>12225 BLAKE ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 21. CITY<br>WILTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 22. COUNTY/PROVINCE<br>SACRAMENTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 23. ZIP CODE<br>95693                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 24. YEARS IN COUNTY<br>17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 25. STATE/FOREIGN COUNTRY<br>CA                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 26. INFORMANT'S NAME, RELATIONSHIP<br>PATTI KREMER, WIFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br>12225 BLAKE ROAD, WILTON, CA 95693                                                                                                                                                                                                                                                                                                                                                 |  |
| 28. NAME OF SURVIVING SPOUSE/SDP - FIRST<br>PATTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 29. MIDDLE<br>LEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 30. LAST (BIRTH NAME)<br>EICHAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 31. NAME OF FATHER/PARENT - FIRST<br>JEROME                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 32. MIDDLE<br>ALLEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 33. LAST<br>KREMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 34. BIRTH STATE<br>ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 35. NAME OF MOTHER/PARENT - FIRST<br>CHERIE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 36. MIDDLE<br>SIGNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 37. LAST (BIRTH NAME)<br>KREMER                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 38. BIRTH STATE<br>SD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 39. DISPOSITION DATE mm/dd/yyyy<br>10/27/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 40. PLACE OF FINAL DISPOSITION<br>FAMILY PROPERTY<br>15 WOOD ACRE ROAD, SALMON, ID 83467                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 41. TYPE OF DISPOSITION(S)<br>CR/TR/RES                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 42. SIGNATURE OF EMBALMER<br>NOT EMBALMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 43. LICENSE NUMBER<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 44. NAME OF FUNERAL ESTABLISHMENT<br>MC FARLANE MORTUARY INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 45. LICENSE NUMBER<br>FD1180                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 46. SIGNATURE OF LOCAL REGISTRAR<br>NANCY J WILLIAMS, MD, MPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 47. DATE mm/dd/yyyy<br>10/25/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 101. PLACE OF DEATH<br>DESOLATION WILDERNESS-LAKE SCHMIDELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 102. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                                                                                       |  |
| 103. IF OTHER THAN HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                |  | 104. CITY<br>SOUTH LAKE TAHOE                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br>LAT: N 38 55.29 LONG: W 120 12.51                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 106. CITY<br>SOUTH LAKE TAHOE                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 107. CAUSE OF DEATH<br>Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br>(A) MASSIVE BLUNT FORCE TRAUMA<br>Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST<br>(B)<br>(C)<br>(D) |  | 108. DEATH REPORTED TO CORONER?<br>Time Interval Between Onset and Death<br>(A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>INST EM16-9364<br>(B) 109. BOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>(C) 110. AUTOPSY PERFORMED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>(D) 111. USED IN DETERMINING CAUSE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)<br>NO                                                                                                                                                                                                                                                                                                                                                                            |  |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>Decedent Attended Since Decedent Last Seen Alive<br>(A) mm/dd/yyyy (B) mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                          |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br>[Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 116. LICENSE NUMBER<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 117. DATE mm/dd/yyyy<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br>(A) mm/dd/yyyy (B) mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined                                                                                                              |  |
| 120. INJURED AT WORK?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 121. INJURY DATE mm/dd/yyyy<br>10/15/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 122. HOUR (24 Hour)<br>UNK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)<br>DESOLATION WILDERNESS-MOUNTAINOUS WOODED AREA                                                                                                                                                                                                                                                                                                                                                                      |  |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)<br>DECEDENT WAS THE PILOT OF AN AIRCRAFT WHICH CRASHED INTO A MOUNTAIN SIDE                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 125. LOCATION OF INJURY (Street and number, or location, and city and zip)<br>DESOLATION WILDERNESS-LAKE SCHMIDELL<br>LAT: N 38 55.29 LONG: W 120 12.51, SOUTH LAKE TAHOE, CA 96150                                                                                                                                                                                                                                                                                                           |  |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER<br>JACOB GROEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 127. DATE mm/dd/yyyy<br>10/20/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br>JACOB GROEN, DEPUTY CORONER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 129. SIGNATURE OF CORONER / DEPUTY CORONER<br>[Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| STATE REGISTRAR<br>A B C D E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | FAX AUTH.#<br>010001003375758                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| CENSUS TRACT<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED

OCT 25 2016

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



000177234

NANCY J WILLIAMS MD, MPH  
COUNTY HEALTH OFFICER

DISTRICT COURT  
CUSTER COUNTY  
IDAHO

2017 JAN 17 PLUMMER AM 8:41

Jason D. Melville  
HAWLEY TROXELL ENNIS & HAWLEY LLP  
877 Main Street, Suite 1000  
P.O. Box 1617  
Boise, ID 83701-1617  
Telephone: (208) 344-6000  
Facsimile: (208) 954-5946  
ISB No. 5706  
Email: jmelville@hawleytroxell.com

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT  
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CUSTER

IN THE MATTER OF THE ESTATE OF: )

TYRELL JEROME KREMER, )

Deceased. )

Case No.

CV-2017-5

LETTERS TESTAMENTARY

Patti Lee Kremer is hereby appointed Personal Representative of the Estate of Tyrell Jerome Kremer, deceased, and with all authority pertaining thereto. Administration of the estate is unsupervised.

These Letters are issued to evidence the appointment, qualification, and authority of the Personal Representative.

WITNESS: Magistrate of the Seventh District Court, County of Custer, State of Idaho, with the seal of the Court affixed this 17 day of Jan, 2017.

JS JAMES H. BARRETT, JR.  
MAGISTRATE JUDGE

STATE OF IDAHO )  
COUNTY OF CUSTER ) SS  
I hereby certify that the foregoing is a full,  
true and correct copy of the original on file  
in this office.  
Date 1/17/17  
Patricia Plummer Clerk

LETTERS TESTAMENTARY - 1

55555.0563.8558948.1

# Warranty Deed

3 WOODACRE  
75-27E  
75-10293

For Value Received **TYRELL J. KREMER AND PATTI L. KREMER, who acquired  
Title as PATTI L. CONLEY, husband and wife,**

the grantors, do hereby grant, bargain, sell and convey unto

**TYRELL JEROME KREMER AND PATTI LEE KREMER, trustees  
of the TYRELL JEROME KREMER AND PATTI LEE KREMER  
REVOCABLE TRUST DATED 3/6/2008**

whose current address is 12225 Blake Rd,  
Wilton CA 95693

the grantee, the following described premises, in Lemhi County Idaho, to wit:

SEE EXHIBIT "A" ATTACHED HERETO:

The above conveyance is made free and clear of all other encumbrances except: Rights-of-way and easements, reservation in Federal patents and State deeds, or other restrictions imposed by law, building and zoning regulations and ordinances of any governmental unit, whether of sight or of record.

**TO HAVE AND TO HOLD** the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantor do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises; that they are free from all encumbrances

and that they will warrant and defend the same from all lawful claims whatsoever.

Dated: July 28 2008

TYRELL J. KREMER

PATTI L. KREMER

STATE OF Idaho,  
County of Lemhi—ss

On this 1st day of August 2008  
before me, a notary public in and for said State, personally appeared

TYRELL J. KREMER AND PATTI L. KREMER

Known to me to be the persons whose names are  
subscribed to this instrument, and acknowledged to me that  
they executed the same.



Notary Public  
Idaho

ALLIANCE

277082

State of Idaho ) SS No. \_\_\_\_\_  
County of Lemhi )  
This instrument was filed for record at the request  
of Bull Allen  
at \_\_\_\_\_ o'clock A.M. 8-8 2008  
and duly filed and indexed in the records of Lemhi  
County. Tami J. Morden  
Ex-Officio Recorder  
By [Signature] Deputy  
Fee 6.00  
Return to \_\_\_\_\_

277082

3 WOODCRE

LEGAL DESCRIPTION  
EXHIBIT 'A'

A PARCEL OF LAND LOCATED IN THE S1/2NW1/4, SECTION 12, T. 20 N., R. 21 E., BOISE MERIDIAN, LEMHI COUNTY, IDAHO, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE W1/4 CORNER OF SECTION 12, FROM WHICH THE NW CORNER OF SAID SECTION BEARS N. 01° 14' 31" W. A DISTANCE OF 2739.60 FT., THE BASIS OF BEARING OF THIS DESCRIPTION, RUN THENCE N. 60° 20' 13" E. A DISTANCE OF 1317.31 FT. TO A POINT AT THE INTERSECTION OF AN EXISTING FENCE AND THE POINT OF BEGINNING;

THENCE N. 23° 21' 23" E. ALONG SAID FENCE 436.45 FT. TO A POINT ON THE CENTERLINE OF WILLIAMS CREEK ROAD;

THENCE THE FOLLOWING COURSES AND DISTANCES ALONG SAID CENTERLINE;

S. 64° 59' 29" E., 221.76 FT.; S. 61° 50' 25" E., 216.66 FT. TO A POINT IN LINE WITHIN AN EXISTING FENCE LINE;

THENCE THE FOLLOWING COURSES AND DISTANCES ALONG SAID FENCE LINE;

S. 01° 39' 02" E., 369.30 FT.; S. 86° 36' 12" W., 249.50 FT.;  
N. 42° 50' 09" W., 64.89 FT.; S. 54° 47' 32" W., 55.32 FT.;  
N. 69° 39' 21" W., 47.01 FT.; N. 70° 54' 52" W., 26.82 FT.;  
N. 35° 57' 35" W., 101.96 FT.; N. 62° 37' 24" W., 121.60 FT. TO THE POINT OF BEGINNING.

EXCEPTING THEREFROM THAT PORTION LYING WITHIN THE BOUNDARY OF WILLIAMS CREEK ROAD.

SUBJECT TO A 21.00 FT. WIDE EASEMENT 10.50 FT. ON EITHER SIDE OF THE FOLLOWING DESCRIBED CENTERLINE:

COMMENCING AT THE NE CORNER OF THE ABOVE DESCRIBED PARCEL RUN THENCE N. 61° 50' 25" W. ALONG THE CENTERLINE OF WILLIAMS CREEK ROAD A DISTANCE OF 12.10 FT. TO THE POINT OF BEGINNING;

THENCE THE FOLLOWING COURSES AND DISTANCES ALONG SAID CENTERLINE:

S. 01° 39' 02" E., 340.88 FT.; 38.51 FT. ALONG A CURVE TO THE RIGHT HAVING A CENTRAL ANGLE OF 88° 15' 18" A RADIUS OF 25.00 FT. AND A CHORD BEARING OF S. 42° 28' 35" W. FOR 34.81 FT.;

S. 86° 36' 12" W., 123.00 FT.; N. 75° 25' 31" W., 54.21 FT.;  
S. 76° 42' 33" W., 34.49 FT.; S. 41° 36' 46" W., 18.65 FT. TO THE PROPERTY LINE OF TAX# 1468.

# Warranty Deed

15 Woodacre  
75-14253  
75-10648

For Value Received **TYRELL KREMER AND PATTI L. KREMER, husband and Wife,**

the grantors, do hereby grant, bargain, sell and convey unto

**TYRELL JEROME KREMER AND PATTI LEE KREMER, trustees of the TYRELL JEROME KREMER AND PATTI LEE KREMER REVOCABLE TRUST DATED 3/6/2008**

whose current address is 12225 Blake Rd,  
Wilton CA 95693

the grantee, the following described premises, in Lemhi County Idaho, to wit:

SEE EXHIBIT "A" ATTACHED HERETO:

The above conveyance is made free and clear of all other encumbrances except: Rights-of-way and easements, reservation in Federal patents and State deeds, or other restrictions imposed by law, building and zoning regulations and ordinances of any governmental unit, whether of sight or of record.

**TO HAVE AND TO HOLD** the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantor do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises; that they are free from all encumbrances

and that they will warrant and defend the same from all lawful claims whatsoever.

Dated: July 30 2008

TYRELL KREMER

PATTI L. KREMER

STATE OF Idaho,  
County of Lemhi—ss

On this 1st day of August 2008  
before me, a notary public in and for said State, personally appeared

**TYRELL KREMER AND PATTI L. KREMER**

Known to me to be the persons whose names are  
subscribed to the within instrument, and acknowledged to me that  
executed the same.



Notary Public  
Idaho

State of Idaho ) SS No. 277083  
County of Lemhi )  
This instrument was filed for record at the request  
of Terri J. Monon  
at 10:00 o'clock A. M. on 8-8 2008  
and duly filed and indexed in the records of Lemhi  
County  
Terri J. Monon  
Notary Public  
Fee 6.00  
Return to \_\_\_\_\_

ALLIANCE

277083

## EXHIBIT "A"

A FRACTION OF THE S1/2NW1/4 OF SECTION 12, T. 20 N., R. 21 E., BOISE MERIDIAN, LEMHI COUNTY, IDAHO, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE WEST 1/4 CORNER, SECTION 12 FROM WHICH THE NW CORNER SECTION 12 BEARS N. 00 DEGREES 15' 51" W., RUN THENCE S. 89 DEGREES 51' 00" E. ALONG THE SOUTHERLY BOUNDARY OF THE NW1/4, SECTION 12 A DISTANCE OF 1149.88 FEET TO THE POINT OF BEGINNING:

THENCE N. 22 DEGREES 03' 18" E., A DISTANCE OF 523.09 FT.;  
THENCE S. 68 DEGREES 40' 41" E., A DISTANCE OF 47.01 FT.;  
THENCE N. 55 DEGREES 46' 12" E., A DISTANCE OF 55.32 FT.;  
THENCE S. 41 DEGREES 51' 29" E., A DISTANCE OF 64.89 FT.;  
THENCE S. 02 DEGREES 29' 56" E., A DISTANCE OF 451.86 FT.;  
THENCE N. 89 DEGREES 51' 00" W., A DISTANCE OF 348.95 FEET TO THE POINT OF BEGINNING...

TOGETHER WITH AN EASEMENT FOR THE PURPOSE OF INGRESS AND EGRESS DESCRIBED AS FOLLOWS, TO-WIT: A STRIP OF LAND 21.0 FEET WIDE ACROSS A PORTION OF THE S1/2NW1/4 OF SECTION 12, TOWNSHIP 20 NORTH, RANGE 21 EAST, BOISE MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT:

COMMENCING AT THE WESTERLY QUARTER CORNER OF SAID SECTION 12, RUN THENCE S. 89 DEGREES 51' E. ALONG THE SOUTHERLY BOUNDARY OF THE S1/2NW1/4 OF SECTION 12 A DISTANCE OF 1681.9 FEET; THENCE N. 1 DEGREES 15' E. 450.0 FEET TO THE POINT OF BEGINNING; CONTINUING THENCE N. 1 DEGREES 15' E. 261.0 FEET, MORE OR LESS, TO A POINT OF THE SOUTHERLY SIDE OF THE LEMHI COUNTY ROAD; THENCE N. 59 DEGREES 40' W. ALONG THE SOUTHERLY SIDE OF THE LEMHI COUNTY ROAD 24.3 FEET; THENCE S. 1 DEGREES 15' W. 252.3 FEET; THENCE WEST 250.0 FEET; THENCE S. 45 DEGREES 0' E. 23 FEET, MORE OR LESS, TO A POINT; THENCE IN AN EASTERLY DIRECTION 250 FEET MORE OR LESS TO THE POINT OF BEGINNING.

SUBJECT, HOWEVER, TO AN EXISTING RIGHT-OF-WAY THROUGH THE ABOVE DESCRIBED PROPERTY, TO THE RAY B. COLE TRACT OF LAND.

21 Woodacre  
Orig Deed  
75-14067  
75-7104

## WARRANTY DEED

Alliance Title & Escrow Corp. Order No.: 438893

### FOR VALUE RECEIVED

**Clyde W. Hashaw, widower**

the grantor(s), do(es) hereby grant, bargain, sell and convey unto

**Patti L. Kremer, an unmarried person**

whose current address is

**12225 Blake Road  
Wilton, CA 95693**

the grantee(s), the following described premises, in Lemhi County, Idaho, TO WIT:

**A fraction of the south half northwest quarter of Section 12, T. 20 N., R. 21 E., Boise Meridian, Lemhi County, Idaho, more particularly described as follows:**

Commencing at the West Quarter Corner, Section 12 from which the Northwest Corner of Section 12 bears N. 00° 15' 51" W., run thence S. 89° 51' 00" E. along the Southerly Boundary of the Northwest Quarter, Section 12 a distance of 872.19 ft. to the Point of Beginning;

Thence N. 24° 04' 09" E. a distance of 695.01 feet;

Thence S. 61° 38' 44" E. a distance of 121.60 feet;

Thence S. 34° 58' 55" E. a distance of 101.96 feet;

Thence S. 69° 56' 12" E. a distance of 26.82 feet;

Thence S. 22° 03' 18" W. a distance of 523.09 feet;

Thence N. 89° 51' 00" W. a distance of 277.69 feet to the Point of Beginning.

Together with an easement described as follows, to-wit:

A strip of land 21.0 feet wide across a portion of the south half northwest quarter of Section 12, T. 20 N., R. 21 E., Boise Meridian, Lemhi County, Idaho, more particularly described as follows, to wit:

Commencing at the Westerly quarter corner of said section 12, run thence S. 89° 51' E. along the southerly boundary of the south half northwest quarter of Section 12 a distance of 1681.9 feet; thence N. 1° 15' E. 450.0 feet to the point of beginning; continuing thence N. 1° 15' E. 261.0 feet more or less, to a point on the southerly side of the Lemhi County Road; thence N. 59° 40' W. along the Southerly side of the Lemhi County Road 24.3 feet; thence S. 1° 15' W. 252.3 feet; thence West 250.0 feet; thence S. 1° 15' W. 100.0 feet; thence West 158.5 feet; thence S. 21° 54' W. 22.7 feet; thence East 187.9 feet; Thence N. 1° 15' E. 100.0 feet; thence East 250.0 feet to the Point of Beginning.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee(s), that (s)he is/are the owner(s) in fee simple of said premises; that they are free from all encumbrances Except: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

And that (s)he will warrant and defend the same from all lawful claims whatsoever.

Dated: 6/19/19

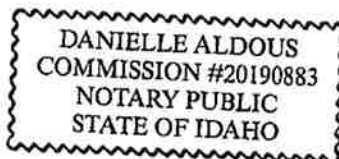
Clyde W. Hashaw  
Clyde W. Hashaw

State of Idaho } ss  
County of Lemhi }

On this 19 day of June, 2019, before me, Danielle Aldous, a Notary Public in and for said state, personally appeared Clyde W. Hashaw, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

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

Danielle Aldous  
Danielle Aldous  
Notary Public for the State of Idaho  
Residing at: Salmon, ID  
Commission Expires: May 2, 2025



## **QUITCLAIM DEED**

**FOR VALUE RECEIVED,**

**Patti L. Kremer, an unmarried person**

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

**Patti Lee Kremer, Trustee of The Tyrell Jerome Kremer and Patti Lee Kremer  
Revocable Trust**

whose current address is: **12225 Blake Road, Wilton, CA 95693**

the following described premises:

**A fraction of the south half northwest quarter of Section 12, T. 20 N., R. 21 E., Boise Meridian, Lemhi County, Idaho, more particularly described as follows:**

**Commencing at the West Quarter Corner, Section 12 from which the Northwest Corner of Section 12 bears N. 00° 15' 51" W., run thence S. 89° 51' 00" E. along the Southerly Boundary of the Northwest Quarter, Section 12 a distance of 872.19 ft. to the Point of Beginning;**

**Thence N. 24° 04' 09" E. a distance of 695.01 feet;**

**Thence S. 61° 38' 44" E. a distance of 121.60 feet;**

**Thence S. 34° 58' 55" E. a distance of 101.96 feet;**

**Thence S. 69° 56' 12" E. a distance of 26.82 feet;**

**Thence S. 22° 03' 18" W. a distance of 523.09 feet;**

**Thence N. 89° 51' 00" W. a distance of 277.69 feet to the Point of Beginning.**

**Together with an easement described as follows, to-wit:**

**A strip of land 21.0 feet wide across a portion of the south half northwest quarter of Section 12, T. 20 N., R. 21 E., Boise Meridian, Lemhi County, Idaho, more particularly described as follows, to wit:**

**Commencing at the Westerly quarter corner of said section 12, run thence S. 89° 51' E. along the southerly boundary of the south half northwest quarter of Section 12 a distance of 1681.9 feet; thence N. 1° 15' E. 450.0 feet to the point of beginning; continuing thence N. 1° 15' E. 261.0 feet more or less, to a point on the southerly side of the Lemhi County Road; thence N. 59° 40' W. along the Southerly side of the Lemhi County Road 24.3 feet; thence S. 1° 15' W. 252.3 feet; thence West 250.0 feet; thence S. 1° 15' W. 100.0 feet; thence West 158.5 feet; thence S. 21° 54' W. 22.7 feet; thence East 187.9 feet; Thence N. 1° 15' E. 100.0 feet; thence East 250.0 feet to the Point of Beginning.**

TO HAVE AND TO HOLD the said premises, unto the said grantees, heirs and assigns forever.

Dated: 7/11/2019

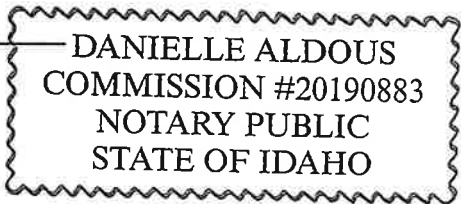
Patti L. Kremer  
Patti L. Kremer

State of Idaho } ss  
County of Lemhi }

On this 11 day of July, 2019, before me, the undersigned, a Notary Public in and for said state, personally appeared Patti L. Kremer, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

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

Danielle Aldous  
Notary Public for the State of Idaho  
Residing at: Salmon, ID  
Commission Expires: 5/2/25





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](http://www.idwr.idaho.gov)

Brad Little  
Governor

July 25, 2019

Gary Spackman  
Director

THE TYRELL JEROME KREMER & PATTI LEE KREMER REVOCABLE TRUST  
PATTI KREMER TRUSTEE  
12225 BLAKE RD  
WILTON CA 95693-8532

Re: Change in Ownership for Water Right Nos: 75-27E, 75-7104, 75-10293, 75-10648, 75-14067,  
and 75-14253

Dear Water Right Holder:

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water rights 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) 287-4920.

Sincerely,

Debbi Judd  
Technical Records Specialist

Enclosures

c. Water District 75B

RECEIVED

JUL 22 2019

DEPARTMENT OF  
WATER RESOURCES

July 16, 2019

Patti Kremer  
12225 Blake Road  
Wilton, CA 95693

IDWR State Office  
P.O. Box 83720  
Boise, ID 83720-0098

Dear IDWR Representative,

Last week I met with Cindy Yenter, the IDWR Agent in Salmon, ID. Cindy provided assistance to the enclosed requests. Enclosed are three forms "Notice of Change in Water Rights Ownership. These are for three properties I own in Salmon, Idaho:

- 3 Woodacre Road (75-27E, 75-10293 – My name was Patti Conley at time of purchase - this is noted on the Warranty Deed)
- 15 Woodacre Road (75-14253, 75-10648)
- 21 Woodacre Road – Newly purchased 6/19/2019 from Clyde Hashaw (75-14067, 75-7104)

My husband, Tyrell J. Kremer was killed in a plane crash in October 2016. Death Certificate is enclosed. Tyrell and I were co-owners of both 3 Woodacre Road and 15 Woodacre Road. I purchased 21 Woodacre Road separately on my own (after his death) in June 2019. All three properties are in our Trust (THE TYRELL JEROME KREMER AND PATTI LEE KREMER REVOCABLE TRUST). A copy of the Certificate of Trust is enclosed.

I request the following changes:

• **3 Woodacre Road (2 Water Rights: 75-27E, 75-10293)**

Tyrell and I originally acquired this property in 2001. We put it into our Trust on Aug 1, 2008. My name was Patti L. Conley at time of purchase in 2001. This is noted on the Warranty Deed and on the Water Rights. We were married 6/26/2004 and we put this property into our Trust on 8/1/2018 (see enclosed Warranty Deed) but my name was never changed on the Water Rights. I request that you update my name on both of the Water Rights to Patti L. Kremer and remove Tyrell J. Kremer since he has passed.

• **15 Woodacre Road (2 Water Rights: 75-14253, 75-10648)**

Tyrell originally acquired this property in early 1990s before we were together. We were married on 6/26/2004 and we put the property into our Trust on 8/1/2008. Warranty Deed is enclosed. My name is listed on the water right for 75-14253 but not for 75-10648. Not sure why this happened.

75-10648: Please update the water right to Patti L. Kremer and remove Tyrell J. Kremer.

75-14253: Please remove Tyrell J. Kremer since he has passed. I am already listed on this water right.

• **21 Woodacre Road – (2 Water Rights: 75-14067, 75-7104)**

Newly purchased 6/19/2019 from Clyde Hashaw. Transferred into Trust on 7/11/2019.  
Please change both of the water rights for this property to Patti L. Kremer.

**Enclosed are the following documents in support of these requests:**

- Notice of Change of Water Rights Ownership (3) – One for each property
- Plot Map showing the three properties with the water right numbers
- Certificate of Trust
- Death Certificate – Tyrell J. Kremer
- Letters Testamentary for Idaho showing that I am the Personal Representative for Tyrell's estate and affairs.
- Warranty Deed for 3 Woodacre – showing conveyance into the Trust on 8/1/2008. This also shows that I was named Patti L. Conley prior to our marriage.
- Warranty Deed for 15 Woodacre – showing conveyance into the Trust on 8/1/2008
- Warranty Deed for 21 Woodacre showing purchase on 6/19/2019
- Quitclaim Deed for 21 Woodacre showing conveyance into the Trust on 7/11/2019

I am living in Salmon, Idaho through September 2019. Please contact me if you have questions.  
I would prefer to be contacted by phone.

Mobile Phone: 916-802-4152

Email: [p.kremer3@gmail.com](mailto:p.kremer3@gmail.com)

Thank you very much for your help. Cindy Yenter was also very helpful in this process.

Regards,



Patti L. Kremer

916-802-4152

[p.kremer3@gmail.com](mailto:p.kremer3@gmail.com)