

JUN 10 2019

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR / NORTH

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?
96-9661	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: BARBARA STOUT + ROBERT STOUT
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): BARBARA STOUT LIVING TRUST
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 500 RAVENWOOD LANE SANDPOINT ID 83864
Mailing address City State ZIP
- 208 265-4727 BLH51STOUT@HOTMAIL.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: 4/27/2018
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: Barbara L Stout Trustee 6/5/19
Signature of new owner/claimant Title, if applicable Date

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

For IDWR Office Use Only:

Received by NS Date 6-10-19 Receipt No. N034745 Receipt Amt. \$25

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐

Name on W-9 _____ Approved by _____ Processed by NS Date 6-10-19

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THE DEATH UNDER IDAHO CODES 16-20-10 AND 16-20-11, IDAHO CODE

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT *1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) ROBERT LEE STOUT	2. SEX MALE	3. SOCIAL SECURITY NUMBER ██████████
	4a. AGE-Last Birthday 72 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____
6. BIRTHPLACE (City and State, Territory, or Foreign Country) LOS ANGELES, CALIFORNIA		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	
7b. COUNTY BONNER		7c. CITY OR TOWN SANDPOINT	
7d. STREET AND NUMBER 500 RAVENWOOD LN		7e. APT. NO. 83864	7f. ZIP CODE 83864
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No		8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	
9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) BARBARA HOFFMAN		10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	
11a. FATHER'S NAME (First, Middle, Last, Suffix) CLIFFORD LEE STOUT		11b. BIRTHPLACE (State, Territory, or Foreign Country) NORTH CAROLINA	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ROBERTA RAE LYSTON		12b. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA	
13a. INFORMANT'S NAME (Type or print) BARBARA STOUT		13b. RELATIONSHIP TO DECEDENT SPOUSE	
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 500 RAVENWOOD LN SANDPOINT, ID 83864		14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____	
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) COFFELT CREMATORY 109 NORTH DIVISION AVENUE SANDPOINT, IDAHO 83864		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY COFFELT FUNERAL SERVICE 109 NORTH DIVISION STREET SANDPOINT, IDAHO 83864	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DALE R. MCCALL		17b. LICENSE NUMBER (Of licensee) M1284	
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No		19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____	
20. FACILITY NAME (if not facility, give street and number) BONNER GENERAL HOSPITAL		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE SANDPOINT, ID 83864	
22. COUNTY OF DEATH BONNER		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 19, 2018	
24. TIME OF DEATH (24hr) 16:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 19, 2018	
26. TIME PRONOUNCED DEAD (24hr) 16:30		27. CAUSE OF DEATH PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or toxicologic fixation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HYPOXEMIC RESPIRATORY FAILURE DUE TO (or as a consequence of): b. MULTI-LOBAR PNEUMONIA DUE TO (or as a consequence of): c. ADENOCARCINOMA - UNCERTAIN PRIMARY - METASTATIC TO LUNG DUE TO (or as a consequence of): d. _____	
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. 28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		29. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
30. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____		31. TIME OF INJURY (24hr) _____	
32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____		33. INJURY AT WORK? ☐ Yes ☒ No	
34. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		35. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE 36a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 36b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
37. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the nature cause(s)/manner stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: CHARLES M. CRANE, M.D. 38a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CHARLES M. CRANE, 102 SOUTH EUCLID SUITE 202 SANDPOINT, ID 83864		39a. LICENSE NUMBER M-09068 39b. DATE SIGNED 2 / 27 / 2018 MM DD YYYY	
40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 2 / 27 / 2018 MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED:

FEB 27 2018

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

JAMES B. AYDELOTTE
STATE REGISTRAR

PRSCO (REV) 10/15



DOCUMENT RECORDED
ELECTRONICALLY
See attached cover page for
County Recorder's stamp as it
appears in public record. Do not
detach cover page.
Recorded By: Callahan & Associates

RECORDING REQUESTED BY AND MAIL TO:
Callahan & Associates, Chtd.
PO Box 2226
Coeur d'Alene ID 83816-2226

WARRANTY DEED

BARBARA L. STOUT, a single woman, and as the surviving spouse of ROBERT L. STOUT, does hereby grant and convey for valuable consideration to BARBARA L. STOUT, TRUSTEE, or her successor, BARBARA STOUT LIVING TRUST, under agreement dated April 19, 2018, all of her REAL PROPERTY interest now held or hereafter acquired in the following described real property, to wit:

Lot 6 of WEST RIDGE ESTATES, according to the plat recorded in Book 6 of Plats at Page 178, records of Bonner County, Idaho.

To have and hold the said REAL PROPERTY as TRUSTEE. Grantor will warrant and defend the above-described real property against all claims and demands whatsoever, except such rights, easements, covenants, restrictions, health or zoning regulations and assessments as appear of record or use upon the premises. The Grantor of this REAL PROPERTY DEED TO TRUST is also the beneficiary of the BARBARA STOUT LIVING TRUST. The address of the grantee is 500 Ravenwood Ln, Sandpoint, ID 83864.

Attached hereto and incorporated herein by reference is a copy of the Death Certificate of ROBERT L. STOUT. Pursuant to the GRANT DEED TO CREATE COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP, recorded as Instrument No. 842486, records of Bonner County, Idaho, on April 9, 2013, all title and interest in and to the above-described

Instrument # 920825
Bonner County, Sandpoint, Idaho
04/27/2018 04:15:08 PM No. of Pages: 2
Recorded for: CALLAHAN & ASSOCIATES, CHTD.
Michael W. Rosedale Fee: \$15.00
Ex-Officio Recorder Deputy rliaherty
Index to: WARRANTY DEED

RECORDING REQUESTED BY AND MAIL TO:
Callahan & Associates, Chtd.
PO Box 2226
Coeur d'Alene ID 83816-2226

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BARBARA L. STOUT, a single woman, and as the surviving spouse of ROBERT L. STOUT, does hereby grant and convey for valuable consideration to BARBARA L. STOUT, TRUSTEE, or her successor, BARBARA STOUT LIVING TRUST, under agreement dated April 19, 2018, all of her REAL PROPERTY interest now held or hereafter acquired in the following described real property, to wit:

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To have and hold the said REAL PROPERTY as TRUSTEE. Grantor will warrant and defend the above-described real property against all claims and demands whatsoever, except such rights, easements, covenants, restrictions, health or zoning regulations and assessments as appear of record or use upon the premises. The Grantor of this REAL PROPERTY DEED TO TRUST is also the beneficiary of the BARBARA STOUT LIVING TRUST. The address of the grantee is 500 Ravenwood Ln, Sandpoint, ID 83864.

Attached hereto and incorporated herein by reference is a copy of the Death Certificate of ROBERT L. STOUT. Pursuant to the GRANT DEED TO CREATE COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP, recorded as Instrument No. 842486, records of Bonner County, Idaho, on April 9, 2013, all title and interest in and to the above-described

COPY

property held by ROBERT L. STOUT is now vested in BARBARA L. STOUT as the surviving spouse.

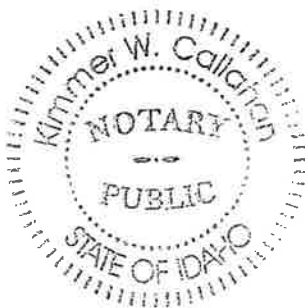
Dated this 19th day of April, in the year 2018.

Barbara L Stout
BARBARA L. STOUT

STATE OF IDAHO
COUNTY OF KOOTENAI

On this 19 day of April, in the year 2018, before me the undersigned Notary Public in and for the State of Idaho, personally appeared BARBARA L. STOUT, known or identified to me to be the person whose name is subscribed herein, and acknowledged to me that she executed the same.

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



[Signature]
Notary Public for Idaho
Comm. Exp.: 1/14/21

SCHEDULE "A"

BARBARA L. STOUT, does hereby grant for valuable consideration to the TRUSTEE, BARBARA STOUT LIVING TRUST, all of her PERSONAL PROPERTY now held or hereafter acquired. Said PERSONAL PROPERTY includes, but is not limited to, the following:

1. Home furnishings and personal effects;
2. Automobiles and recreation vehicles;
3. Bank accounts, certificates of deposit and savings certificates; and
4. Jewelry, antiques and collectibles.

To have and hold the said PERSONAL PROPERTY as TRUSTEE.

The TRUSTEE is BARBARA L. STOUT.

The address of the grantee Trust is 500 Ravenwood Ln, Sandpoint, ID 83864.

Dated this 19th day of April in the year 2018.

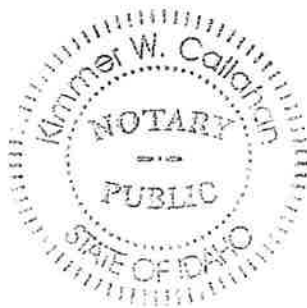
Barbara L Stout
BARBARA L. STOUT

STATE OF IDAHO

COUNTY OF KOOTENAI

On this 19 day of Apr. 1, in the year 2018, before me the undersigned Notary Public in and for the State of Idaho, personally appeared BARBARA L. STOUT, known or identified to me to be the person whose name is subscribed herein, and acknowledged to me that she executed the same.

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



[Signature]
Notary Public for Idaho
Comm. Exp.: 1/17/21

COPY



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

Brad Little
Governor

Gary Spackman
Director

June 10, 2019

BARBARA STOUT LIVING TRUST
500 RAVENWOOD LN
SANDPOINT ID 83864-5050

Re: Change in Ownership for Water Right No(s): 96-9661

Dear Water Right Holder(s):

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

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 762-2813.

Sincerely,

Natalie Steading
Tech Records Specialist 1

Enclosure(s)