

APR 24 2019

WATER RESOURCES
WESTERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, [see #6](#) of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
77-2149	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: Zilpha L. Wenzel
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Bernard + Gloria Teets
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

6595 Mill Road Lewiston ID 83501
Mailing address City State ZIP

208 743-4649 —
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: 4-10-19

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed [IRS Form W-9](#) for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed [Lessor Designation](#) form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☐ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☐ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
☐ Filing fee (see instructions for further explanation):
☐ \$25 per undivided water right.
☐ \$100 per split water right.
☐ No fee is required for pending adjudication claims.
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Bernard Teets 4-10-19
Signature of new owner/claimant Title, if applicable Date
 Signature: Gloria Teets 4-10-19
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by KT Date 4/24/19 Receipt No. W047346 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 N/A Approved by AK Processed by AK Date _____

2006 DEC 13 AM 1:51

CLERK OF DISTRICT COURT
LATAH COUNTY

BY _____ DEPUTY

PAUL CLARK
ATTORNEY AT LAW
KIRSCH & CLARK, PLLC
P.O. BOX 9384
MOSCOW, IDAHO 83843
208-882-3598
FAX: 208-882-2283
ISB# 6427
Attorney for Plaintiff

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT OF THE
STATE OF IDAHO IN AND FOR THE COUNTY OF LATAH

In the Matter of
Wenzel Family Trust

Case No.

REGISTRATION OF TRUST
(I.C. 15-7-101 AND 15-7-102)

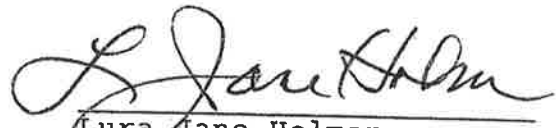
Fee Category: Q(2) \$0.00

COPY

1. The undersigned, as the present trustee of the trust described below, states and represents that:
 - a. The principal place of administration of the trust and the place at which the records of the trust are kept is 1528 Pine Cone Rd., Moscow, ID 83843.
 - b. The trust has not been registered elsewhere.
2. The trust is an intervivos trust established by John G. Wenzel and Zilpha L. Wenzel as settlors with John G. Wenzel and Zilpha L. Wenzel as original trustees under a written instrument dated January 23, 1991.

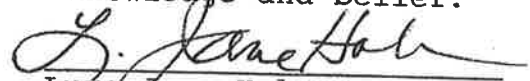
3. The undersigned acknowledges the existence of the trust and submits to the jurisdiction of the Court in any proceeding relating to the trust that may be instituted by an interested person.

Dated: 12/13/2006

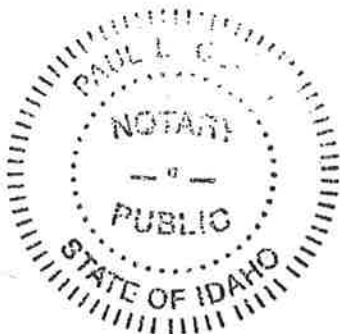

Lura Jane Holman

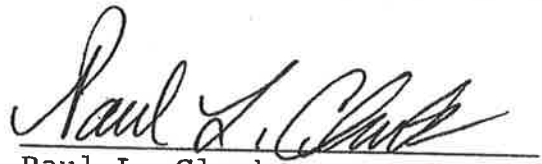
STATE OF IDAHO)
) ss.
County of Latah)

The undersigned, being sworn, having read the foregoing, says that the facts set forth in this Registration of Trust are accurate and complete to the best of her knowledge and belief.


Lura Jane Holman, Trustee

SUBSCRIBED AND SWORN to before me this 13th day of December, 2006.




Paul L. Clark
Notary Public
In and for the State of Idaho
Residing at Moscow
My commission expires: 12-14-2007

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
455157 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. **137**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THIS DEATH UNDER §30-2110 AND §30-2111, IDAHO CODE

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS MORTICIAN: Complete/Verify and File Within 5 Days of Death PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH CERTIFIER: Complete Within 72 Hours of Death ITEMS 32-35 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Zilpha Lura Wenzel		2. SEX F	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 88 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) January 16, 1918	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Middleton, Idaho
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Latah		7c. CITY OR TOWN Moscow
	7d. STREET AND NUMBER 1528 Pinecone Road		7e. APT. NO. 83843	7f. ZIP CODE 83843	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) [REDACTED]	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Jay Stark		11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Lura UNKNOWN		12b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN		
	13a. INFORMANT'S NAME (Type or print) Jane Holeman		13b. RELATIONSHIP TO DECEDENT Daughter		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1528 Pinecone Rd, Moscow, ID 83843
	* 14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, or other place) Mountain View Crematory Lewiston, Idaho		* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Short's Funeral Chapel 1225 E 6th St, Moscow, ID 83843
	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		* 17b. LICENSE NUMBER (Of licensee) M-1029		18. WAS CORONER CONTACTED? ☐ Yes ☒ No

19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____				19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____			
* 20. FACILITY NAME (If not facility, give street and number) Gritman Medical Center		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Moscow, 83843		* 22. COUNTY OF DEATH Latah			
* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 23, 2006		24. TIME OF DEATH 0240 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 23, 2006			
26. TIME PRONOUNCED DEAD 0240 (24hr)							

27. CAUSE OF DEATH Approximate Interval: _____ Onset to 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:			
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. pneumonia		DUE TO (or as a consequence of): b. COPD	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) c. Alzheimer		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			

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown			
30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
32. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]	33. TIME OF INJURY [REDACTED] (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]	
35. INJURY AT WORK? ☐ Yes ☒ No			
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable [REDACTED]			
TRANSPORTATION INJURY ONLY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____		38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>natural</u> 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 [Signature]		39b. LICENSE NUMBER 20-M5073	
* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Lloyd E. Perino, MD, 719 S Main St, Moscow, ID 83843		39c. DATE SIGNED 10-23-06	
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record. [REDACTED]			
40b. DATE SIGNED [REDACTED]			
41a. REGISTRAR'S SIGNATURE [Signature]			
41b. DATE SIGNED 10-26-2006			

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

DATE ISSUED: **OCTOBER 26, 2006**

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

JANE S. SMITH
 STATE REGISTRAR



QUITCLAIM DEED

GRANTOR, (name) Lura Jane Holman, for value

received, hereby conveys, releases, remises and forever quitclaims to:

Bernard and Gloria Teats
whose address is 6595 Mill Rd, Lewiston, ID 83501

the following described premises, to-wit:

Idaho Water Right # 177-2149

Idaho
Latah County.

Together with the appurtenances.

This deed is intended to convey to the Grantee all right, title, and interest of the Grantor in and to said property, now owned or hereafter acquired.

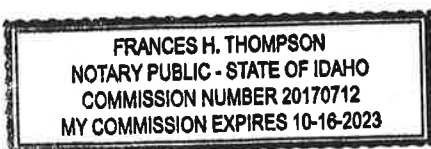
Date 4/10/19

L. Jane Holma
Signature, Grantor

STATE OF IDAHO)
County of Latah) ss.

On this 10th day of April 2019, before me, the undersigned, a Notary Public in and for the State, personally appeared Lura Jane Holman, known or identified to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date last above written.



Notary Public for Idaho
Residing at Moscow
Commission expires 10/16/2023

QUITCLAIM DEED
CAO GL 02 Revised 10/10/2003



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region • 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Website: www.idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

May 24, 2019

BURT & GLORIA TEATS
6595 MILL ROAD
LEWISTON ID 83501

RE: Notice of Ownership Change in Water Right No. 77-2149

Mr. and Mrs. Teats,

The Department has received your Notice of Change in Water Right Ownership. However, Water Right No. 77-2149 cannot be modified without further documentation. The documents you have already provided are certificate of death of Zilpha L Wenzel, proof of registration for the Wenzel Family Trust, and a deed conveying the Water Right No. 77-2149 as a quitclaim from Laura Jane Holman to Bernard and Gloria Teats. In order to update ownership of this water right to Bernard & Gloria Teats, the department requires further documentation showing chain of ownership. Please submit the following:

- A document showing the water right (or the land associated with the water right) has been placed in the name of the Wenzel Family Trust
- A document naming Laura Jane Holman as Trustee.

Because the Department cannot process this request at this time, we will hold any action on your notice pending receipt of the necessary documentation. If we do not receive the required documentation within 30 days, the notice will be returned and not processed. We will refund you of your submitted \$25.00 fee.

Copies of your submitted Notice of Change in Water Right Ownership and Supporting Documents are enclosed with this letter.

Thank you for your patience and cooperation. Please call (208)334-2190 if you have any questions concerning the enclosed information.

Sincerely,

Anna Kaiser
Administrative Assistant
Western Regional Office

Enclosures



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region • 2735 W AIRPORT WAY • BOISE, ID 83705-5082

Phone: (208)334-2190 • Fax: (208)334-2348 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

June 6, 2019

BERNARD & GLORIA B TEATS
6595 MILL RD
LEWISTON ID 83501-7903

Re: Change in Ownership for Water Right No(s): 77-2149

Dear Water Right Holder:

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) 334-2190.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Anna Kaiser', is written over a horizontal line.

Anna Kaiser
Administrative Assistant 1

Enclosures