

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAR 21 2017

IDWR/NORTHERN

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?
94-7196	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: EDWARD L. THOMAS
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): CLAUDIA J. THOMAS
New owner(s) as listed on the conveyance document

P.O. Box 525 PINEHURST ID 83850
Mailing address City State ZIP
(208) 512-2311 indmarapp1@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: _____
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: Claudia J. Thomas Title, if applicable: _____ Date: 3-21-17
Signature of new owner/claimant

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

For IDWR Office Use Only:

Received by cm Date 3-21-17 Receipt No. N032453 Receipt Amt. \$25.00

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

Name on W-9 _____ Approved by _____ Processed by NS Date 1-4-19

After recording, please return to:

Robert J. Fasnacht
ROBERT J. FASNACHT, P.C.
A Professional Law Corporation
850 W. Ironwood Drive, Suite 101
Coeur d'Alene, Idaho 83814
Idaho State Bar No. 3500

425729

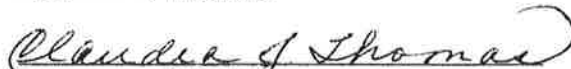
QUITCLAIM DEED

GRANTORS, EDWARD L. THOMAS and CLAUDIA J. THOMAS, husband and wife, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do hereby REMISE, RELEASE and forever QUITCLAIM, all of GRANTORS' interest unto "Moose Mountain, LLC," an Idaho Limited Liability Company, 309 S. Division, Pinehurst, Idaho 83850, as GRANTEE, and to GRANTEE'S successors and assigns forever, all of the following real property located in Shoshone County, State of Idaho, more particularly described in Exhibit A attached hereto and incorporated herein by reference.

TOGETHER with all tenements, hereditaments and appurtenances thereunto belonging, and all after-acquired title and interest to said property.

IN WITNESS WHEREOF, GRANTORS have hereunto set their hands this 30 day of August, 2005.


EDWARD L. THOMAS


CLAUDIA J. THOMAS

STATE OF IDAHO)
) ss.
County of Kootenai)

On this 30th day of August, 2005, before me, the undersigned, a Notary in and for the State of Idaho, personally appeared EDWARD L. THOMAS and CLAUDIA J. THOMAS, husband and wife, known or identified to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the 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.




Notary Public in and for the State of Idaho
Residing at Rathtown
Commission Expires: 5-15-07

425729

Order No.: 204042918

LEGAL DESCRIPTION

EXHIBIT 'A'

EXHIBIT A

The East one-half Southwest quarter and West one-half Southeast quarter, Section 32, Township 49 North, Range 2 East, B.M., Shoshone County, State of Idaho lying Northerly of the Northerly line of Interstate 90

EXCEPT that portion conveyed to Shoshone County, recorded January 17, 1908, Book 37, Deeds, page 44 records of Shoshone County, State of Idaho.

ALSO EXCEPT that portion, if any conveyed to the Hayes Company, recorded in Book 62, Deeds, page 475, records of Shoshone County, Idaho.

ALSO EXCEPT that portion conveyed to William Joslyn, recorded April 25, 1941, Book 73, Deeds, page 613, records of Shoshone County, State of Idaho.

ALSO EXCEPT that portion conveyed to Clarence Parmentier, recorded April 29, 1943, Book 75, Deeds, page 623, records of Shoshone County, State of Idaho.

ALSO EXCEPT that portion conveyed to Edith Lahde, recorded February 18, 1958, Instrument No. 173466, records of Shoshone County, State of Idaho.

ALSO EXCEPT that portion conveyed to Gordon R. Willmey, etux, recorded May 20, 1968, Instrument No. 217168, records of Shoshone County, State of Idaho.

ALSO EXCEPT that portion conveyed to Dwight H. Clift, etux, recorded as Instrument No's 279204 and 346787, records of Shoshone County, State of Idaho.

ALSO EXCEPT Mountain view Estates Subdivision as described in survey recorded as Instrument No. 360963 of Official Records.

RECORDED
at the request of

Alliance Title

Deeds in

Return to:
Alliance Title

Wallace, ID

Fee \$ 6.00

417629

2004 JUL 7 PM 4 01

PEGGY WILLYE

SHOSHONE CTY RECORDER
BY *Peggy Willye* DEPUTY

15720

Instrument # 425729

WALLACE, SHOSHONE COUNTY, IDAHO

2005-09-02 04:43:00 No. of Pages: 2

Recorded for : ROBERT J. FASNACHT PC

PEGGY DELANGE-WHITE

Ex-Officio Recorder Deputy JS Fee: 6.00

Index to: QUITCLAIM DEED

SEP 12 7 14 43

Shiner



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 MAR 13 AM 10:28

**SECRETARY OF STATE
STATE OF IDAHO**

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

1. The name of the dissolved limited liability company is:

Moose Mountain, LLC

2. The date the certificate of organization was originally filed: June 28, 2005

3. Other information concerning the dissolution (optional):

Original Articles filed June 28, 2005 in name of River Flats, LLC

Amendment filed August 29, 2005 changing name to Moose Mountain, LLC

4. Name and address to return acknowledgement copy of this form to:

Claudia J. Thomas

PO Box 525, 1570 Skyline Drive, Pinehurst, ID 83850

5. Signature of a manager, member, or authorized person.

Printed Name: Claudia J. Thomas

Signature: *Claudia J. Thomas*

Printed Name: CLAUDIA J. THOMAS

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/13/2017 05:00

CK:3002 CT:257765 BH:1573227

1@ 0.00 = 0.00 DISS LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W 40623

1000000

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 DEATH. THIS DOCUMENT IS NOT VALID FOR ANY OTHER PURPOSE.

Local Reg. No.

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS. PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	* 1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) EDWARD LEWIS THOMAS	2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 75 (Years)	4b. UNDER 1 YEAR Months: Days: Hours: Minutes:	4. DATE OF BIRTH (Mo/Day/Yr) 09/20/1941	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	7b. COUNTY SHOSHONE	7c. CITY OR TOWN PINEHURST	
	7d. STREET AND NUMBER 1570 SKYLINE DR.	7e. APT. NO. [REDACTED]	7f. ZIP CODE 83850	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) CLAUDIA MCCURDY	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	11a. FATHER'S NAME (First, Middle, Last, Suffix) HENRY THOMAS	11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) JESSIE KIDWELL	12b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
	13a. INFORMANT'S NAME (Type or print) CLAUDIA THOMAS	13b. RELATIONSHIP TO DECEASED SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) PO BOX 525 PINEHURST, ID 83850	
	* 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) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: WILLIAM B. TOLLIVER		* 17b. LICENSE NUMBER (Of licensee) M0943	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No
	19. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Outpatient			
	20. FACILITY NAME (If not facility, give street and number) THE SCHNEIDMILLER HOUSE			
	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83815		* 22. COUNTY OF DEATH KOOTENAI	
	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 31, 2016	24. TIME OF DEATH (24hr) 11:45	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 31, 2016	26. TIME PRONOUNCED DEAD (24hr) 11:45
	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 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. METASTATIC DISEASE DUE TO (or as a consequence of): b. LUNG CANCER DUE TO (or as a consequence of): c. _____ 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. DM2; RECURRENT HYPONATREMIA; HISTORY OF PULMONARY EMBOLI			
	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown	29. IF FEMALE (Aged 10-44): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	30. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	31. 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 (24hr) [REDACTED]		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 DECEASED OCCUPIED, IF APPLICABLE [REDACTED]			
	38a. WAS DECEASED: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____			
	38b. WHAT SAFETY DEVICES(S) DID DECEASED 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 ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE ☐ CORONER - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. - 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: SHANA D. FOGARTY, M.D.		39b. LICENSE NUMBER M-08664	
	* 39c. DATE SIGNED 1 / 3 / 2017 MM DO YYYY		40a. REGISTRAR'S SIGNATURE James B. Galt	
	40b. DATE SIGNED 1 / 4 / 2017 MM DO 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.

JAN 04 2017

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR

PENCO 2017/1/5



488567

QUITCLAIM DEED

For Value Received; MOOSE MOUNTAIN, LLC, Grantor(s),

does hereby convey, release, remise and forever quit claim unto:

CLAUDIA J THOMAS, Grantee(s),

whose current address is: P.O. BOX 525, PINEHURST, ID 83850

The following described premises, to-wit:

SEE ATTACHED

Together with their appurtenances.

Dated this 14 day of MARCH, 2017

Claudia J Thomas
AGENT OF MOOSE MOUNTAIN, LLC

STATE OF IDAHO, COUNTY OF _____

On this _____ day of _____, 20____ before
me, a notary public in and for the said state, personally
appeared _____
known or identified to me to be the persons whose name
subscribed to the within instrument and acknowledged to
me that they executed the same.

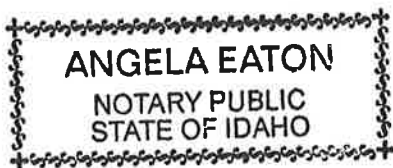
Notary Public, Residing at _____, Idaho
Commission expires: _____

For Recording Use

488567

State of Idaho,
County of Shoshone ss.

On this 14 day of March, in the year 2017,
before me Angela Eaton, a Notary Public, personally
appeared Claudia J. Thomas known
or identified to me to be the manager or a member of the limited liability company
that executed the instrument or the person who executed the instrument on behalf
of said limited liability company and acknowledged to me that such limited
liability company executed the same.



Notary Public: Angela Eaton
Residing at: Kellogg, ID
My Commission Expires: 10/26/22

Instrument # 488567

WALLACE, SHOSHONE COUNTY, IDAHO

3-14-2017 01:31:00 PM No. of Pages: 3

Recorded for : CLAUDIA J. THOMAS

PEGGY DELANGE-WHITE

Ex-Officio Recorder Deputy

Index to: QUITCLAIM DEED

Fee: 16.00

CLAUDIA THOMAS
PO BOX 525
PINEHURST, ID 83850

488567 '17 MAR 14 PM 1:31

Order No.: 204042918

488567

425729

LEGAL DESCRIPTION**EXHIBIT 'A'****EXHIBIT A**

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at the request of
Alliance Title
Deeds in
Return to:
Alliance Title
Wallace, ID
Fee \$ 6.00

417629

2004 JUL 7 PM 4 01

PEGGY WHITE
SHOSHONE CTY RECORDER
BY *P. White* DEPUTY

A horizontal number line is shown, starting at 0 and ending at 10. There are tick marks at every integer from 0 to 10. The number 5 is circled.



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

January 4, 2019

CLAUDIA J THOMAS
PO BOX 525
PINEHURST, ID 83850-0525

Re: Change of Ownership for Water Right/Permit No(s): 94-7196

Dear Water Right Holder(s):

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

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing an ownership change notice, the department does not review the history of water use to determine if the right has been forfeited 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 § 42-222 and §42-223, Idaho Code.

Also note that as of July 1, 1996, water right owners are required to report any change of water right ownership and any change of mailing address of the owner of a water right, to the Department. Notice of the change must be provided to the Department within 120 days of the change. Water right forms are available from any office of the Department, or at www.idwr.idaho.gov.

If you have any questions concerning the enclosed information, please feel free to contact me at (208) 762-2800.

Sincerely,


Natalie Steading
Technical Records Specialist I

Enclosure(s)