

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

Notice of Change in Water Right Ownership

JUN 14 2013

DEPT. OF WATER RESOURCES
SOUTHERN REGION

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.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
36-10291	Yes ☐		Yes ☐		Yes ☐
36-10293	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: J Alvin & Tim Musser
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Alvin & Hope Musser Living Trust

New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

1747 Wilson Ave Upland CA 91784
Mailing address City State ZIP
(909)982-2630

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: April 16, 2013

6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:

- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
- If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
- New lessor(s) of record will receive payment after the following rental season.

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.

SUPPORT DATA

IN FILE # 36-10291

8. Signature: Hope J. Musser Trustee June 11, 2013
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 DM Date 6-14-2013 Receipt No. 5033323
Approved by _____ Processed by TF Date 6/22/2013

Receipt Amt. \$50-

SCANNED

SEP 25 2018

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

MIKELS & ASSOCIATES
Marjorie M. Mikels, Esq.
8300 Utica, #191
Rancho Cucamonga, CA 91730

143421
STATE OF IDAHO, COUNTY OF GOODING
Filed for record at the request of JOHN A. MYERS
4 min. past 4 o'clock P. M. this 14
of Jan. 1991
JOHN A. MYERS, Recorder
By Hella M. Schmidt Deputy

MAIL TAX STATEMENTS TO:
J. Alvin Musser and
Hope Musser, Trustees of
Alvin & Hope Musser Living Trust
1747 Wilson Avenue
Upland, CA 91786

DOCUMENTARY TRANSFER TAX \$ 0.00
Computed on the consideration or value of property conveyed; 0
Computed on the consideration or value less interest or encumbrance
remaining at time of sale.
Signature of Declarant or Agent determining tax: J. Alvin Musser Firm Name

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, J. ALVIN MUSSER and
HOPE I. MUSSER, husband and wife,

heraby GRANT(S) to J. ALVIN MUSSER and HOPE I. MUSSER, Trustees of the
ALVIN & HOPE MUSSER LIVING TRUST, dated September 21, 1990.

the real property in the ~~County of~~ Idaho
County of Gooding State of ~~Idaho~~ Idaho, described

Township 7 South, Range 13 East of the Boise Meridian Section
36: E 1/2 NE 1/4 NE 1/4 SE 1/4, and East 328 feet of the E
1/2 SE 1/4 NE 1/4 SE 1/4 Part of the NE 1/4 SE 1/4 SE 1/4
described as follows:

Beginning at the Northeast Corner of the NE 1/4 SE 1/4 SE 1/4;
Thence South along said East line 251.0 feet; thence North 89
degrees 04' West, 163.1 feet; thence North 0 degrees 12' West,
158.0 feet; thence North 40 degrees 42' West 119.5 feet to a
point on the North boundary line of said NE 1/4 SE 1/4 SE 1/4;
thence East along said North boundary 241.6 feet to the Point
of Beginning.

Township 7 South, Range 14 East of the Boise Meridian Section
31: Lots 3 and 4.

EXCEPT Tract as conveyed to the State of Idaho by Deed Dated
May 1, 1959 recorded by July 24, 1959 in Book 48 Deeds, Page
296, Records of Gooding County of Idaho. Together with all
water rights appurtenant thereto.

APN # _____

Dated September 21, 1990

STATE OF CALIFORNIA
COUNTY OF San Bernardino
On Sept. 21, 1990

before me, the undersigned, a Notary Public in and for said State, per-
sonally appeared, J. Alvin Musser and
Hope I. Musser

personally known to me or proved to me on the basis of satisfactory
evidence) to be the persons whose names are subscribed to the
within instrument and acknowledged to me that they executed the same
for the purposes and consideration therein expressed.

WITNESS my hand and official seal.

Signature Charles J. [Signature]

MAIL TAX STATEMENTS AS DIRECTED ABOVE

J. Alvin Musser
ALVIN MUSSER
Hope I. Musser
HOPE I. MUSSER



(This space for official notarial seal)

1002 160

RECEIVED

JUN 14 2013

DEPT. OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CHANGE IN ADDRESS (AMENDED)

This form can be used to notify the Department of a change in
address of the owners of record for the listed water rights.
(Please print or type)

[] Water Right Number(s): 36-10290, 36-10291, 36-10293
36-116
36-102

[] Name(s): Alvin & Hope Musser Living Trust
DTD 9/21/90 (QTIP)

[] Old Mailing Address: c/o Salvador Garacia
2969 S 1175 E
Hagerman, ID 83332
DO NOT SEND MAIL TO THIS ADDRESS →

[] New Mailing Address: 1747 Wilson Ave
Upland, CA 91784
Please correct zip code

Telephone Number: (909) 982-2630

Email: (daughter's) office@RiverAIA.com
not a owner

[] Signature(s) of Owner(s) Hope Musser, Trustee HW

(Include your title if on behalf of company or organization)

Date: May 3, 2013

Send a signed original to your closest regional office:

IDWR Northern Region
7600 Mineral Dr., Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

IDWR Western Region
2735 Airport Way
Boise, ID 83705-5082
(208) 334-2190

IDWR Eastern Region
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718
(208) 525-7161

IDWR Southern Region
1341 Fillmore St., Suite 200
Twin Falls, ID 83301-3380
(208) 736-3033

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3200736010549

STATE FILE NUMBER		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JOHN		ALVIN		MUSSEY	
4. DATE OF BIRTH		5. AGE Yrs.		6. SEX	
01/17/1913		94		M	
7. DATE OF DEATH		8. HOUR (24 Hours)		9. TIME (24 Hours)	
11/14/2007		1530			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at time of death)	
ID		YES ☐ NO ☒ UNK ☐		MARRIED	
13. EDUCATION — Highest level beyond high school (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE		YES ☐ NO ☒		WHITE	
16. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, meat construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
DAIRYMAN		DAIRY		81	
19. DECEDENT'S RESIDENCE (Street and number or location)		20. ZIP CODE		21. STATE/FOREIGN COUNTRY	
1747 WILSON AVE.		91784		CA	
22. CITY		23. COUNTY/PROVINCE		24. YEARS IN COUNTRY	
UPLAND		SAN BERNARDINO		83	
25. INFORMANT'S NAME, RELATIONSHIP		26. INFORMANT'S ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
HOPE I. MUSSEY, WIFE		1747 WILSON AVE, UPLAND, CA 91784			
27. NAME OF SURVIVING SPOUSE — FIRST		28. MIDDLE		29. LAST (maiden Name)	
HOPE		ISABEL		FREY	
30. NAME OF FATHER — FIRST		31. MIDDLE		32. LAST	
CHARLES		SUMNER		MUSSEY	
33. NAME OF MOTHER — FIRST		34. MIDDLE		35. LAST (maiden)	
EMMA		ARETA		LUDLOW	
36. DISPOSITION DATE		37. PLACE OF FINAL DISPOSITION		38. LICENSE NUMBER	
11/20/2007		BELLEVUE MEMORIAL PARK 1240 W. 6 ST., ONTARIO, CA 91762		EMB6623	
39. TYPE OF DISPOSITION		40. SIGNATURE OF EXAMINER		41. DATE	
BURIAL		DONALD CERCIA		11/19/2007	
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER		44. DATE	
STONE FUNERAL HOME		FD272		11/19/2007	
45. PLACE OF DEATH		46. IF HOSPITAL, SPECIFY ONE		47. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SAN ANTONIO COMMUNITY HOSPITAL		☒ Inpatient ☐ Outpatient ☐ Other		☐ Nursing Home ☐ Hospice ☐ Home ☐ Other	
48. COUNTY		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		50. CITY	
SAN BERNARDINO		999 SAN BERNARDINO		UPLAND	
51. CAUSE OF DEATH		52. DEATH REPORTED TO CORONER?		53. DAYS	
A) ASPIRATION PNEUMONIA		☒ YES ☐ NO		700708501	
B) PARKINSONS DISEASE		54. YRS		55. AUTOPSY PERFORMED?	
				☐ YES ☒ NO	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51		57. USED IN DETERMINING CAUSE?		58. YES ☐ NO ☐ UNK ☐	
ATRIAL FIBRILLATION, COAGULOPATHY					
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51 OR 56? (If yes, list type of operation and date.)		60. IF FEMALE, PREGNANT (LAST YEAR)		61. YES ☐ NO ☐ UNK ☐	
NO					
62. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		63. SIGNATURE AND TITLE OF CERTIFIER		64. LICENSE NUMBER	
Decedent Attended Since: 12/20/2000		Decedent Last Seen Alive: 11/14/2007		G66000	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		66. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		67. DATE	
ARNOLD I. ROTH M.D.		ARNOLD I. ROTH M.D.		11/16/2007	
68. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		69. INJURED AT WORK?		70. INJURY DATE	
MANNER OF DEATH: ☐ Natural ☐ Accidental ☐ Suicide ☐ Homicide ☐ Could not be determined		☐ YES ☐ NO ☐ UNK			
71. PLACE OF BIRTH (e.g., home, construction site, wooded area, etc.)		72. DESCRIBE HOW INJURY OCCURRED (Explain which resulted in injury)		73. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
74. SIGNATURE OF CORONER / DEPUTY CORONER		75. DATE		76. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		B		C	
D		E		FAX AUTH. #	
CENSUS TRACT		01200700054426			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

Nov 27, 2007

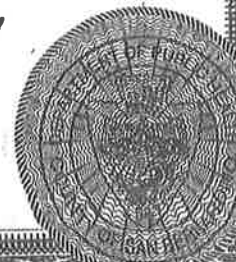
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

ERIC FRYKMAN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS



001717868

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



9. The Trustee understands and acknowledges that the recipient of this Certification of Trust may make a good faith request of the Trustee to furnish copies of those excerpts from the original Trust, that designate the Trustee and confer upon the Trustee the Power to act in the pending transaction.
10. This Trust has not been revoked, modified or amended in any manner which would cause the representation in this Certification of Trust to be incorrect or inaccurate. This Certificate of Trust is being signed by all currently acting as Trustee of the Trust.

Dated this 16 day of April, 2013

Hope I. Musser, Trustor and Trustee
Hope I. Musser, Trustor and Trustee

On this 16th day of April in the year 2013 before me, Marjorie M. Mikels, a Notary Public for the State of California, personally appeared Hope I. Musser, identified to me to be the person whose name is subscribed to within the instrument as Trustee and acknowledged to me that she executed the instrument as such Trustee.

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

Marjorie M. Mikels
Marjorie M. Mikels
NOTARY PUBLIC for the State of California
My Comm. Expires on April 30, 2014



STATE OF CALIFORNIA)
)
COUNTY OF SAN BERNARDINO) :SS

HOPE I. MUSSER, being first duly sworn upon oath, deposes and says as follows,
pursuant to the laws of the State of California:

1. I am the currently acting Trustee, duly appointed and serving in accordance with the
terms and provisions of that certain Trust known as the

**Surviving Spouse's Trust of the ALVIN & HOPE MUSSER LIVING TRUST dated
September 21, 1990.**

2. The identity of the Trustors and each currently acting Trustee of the Trust are set forth
below:

A. All Trustors' Names: J. Alvin Musser (now deceased), Hope I. Musser,
Surviving Spouse

B. All Current Trustees' Names: Hope I. Musser

C. All Trustees' Addresses: 1747 N. Wilson Ave., Upland, CA 91786

3. The powers of the Trustee include:

- A. The power to sell, convey and exchange the Trust property (yes), and
- B. The power to borrow money and encumber the Trust property with a
mortgage or deed of trust.

4. The trust is revocable.

5. There is only one Trustee required to act in order to exercise the enumerated powers
of the Trustee.

6. The identifying number of the Trust is: 573-02-1711. This number is the social
security number of Hope I. Musser, the Trustor and Trustee.

7. The Trust has been amended twice since the date it was formed or established but not
in any manner concerning the powers or rights of trustees.



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region • 1341 Fillmore St, Suite 200 • Twin Falls, Idaho 83301-3380
Phone: (208) 736-3033 • Fax: (208) 736-3037 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

June 22, 2013

ALVIN & HOPE MUSSER LIVING TRUST
1747 WILSON AVE
UPLAND CA 91784

RE: Change of Ownership for Water Right Nos. 36-10291 and 36-10293

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right(s). The department has modified its records to reflect the change in ownership and has enclosed computer-generated reports 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 Sections 42-222 and 42-223, Idaho Code.

Also, please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

Please feel free to contact this office if you have any questions regarding this matter.

Sincerely,

A handwritten signature in cursive script, reading "Trish Fawcett".

Trish Fawcett
Technical Records Specialist

Enclosure(s)

RECEIVED

JUN 14 2013

DEPT. OF WATER RESOURCES
SOUTHERN REGION

Alvin & Hope Musser Living Trust
DTD 9/21/90 (QTIP)
c/o Hope I Musser, Trustee
1747 Wilson Ave.
Upland, CA 91784

June 11, 2013

Trish Fawcett, Technical Records Specialist
State of Idaho, Department of Water Resources
IDWR Southern Region
1341 Fillmore St., Suite 200
Twin Falls, ID 83301-3380
(208) 736-3033

Re: Change of Ownership for Water Right Nos. 36-10291 and 36-10293

Dear Ms Fawcett:

I am the Trustee of the Alvin & Hope Musser Living Trust, DTD 9/21/90 (Bypass and QTIP) which said Trust owns the Water Rights Numbers 36-10291 and 36-10293.

This letter is to provide you with copies of the deeds and the transfer of title at the death of J. Alvin Musser in 2007, whose death certificate is also attached, which documents provide clear evidence of the chain of title and current ownership of the subject water rights. The tax identification number for the subject property and water rights is 80-6063806 (Musser Marital QTIP Trust).

Please note that your agency currently lists Tim Musser as a co-owner of the subject water rights, however this information is incorrect since title to the water rights has never been held in Tim Musser's name nor does he nor has he ever owned the water rights.

At this time, we are requesting that you correct your records and provide us with verification that these changes have been made in your records. You may send the corrected records to Hope I Musser, Trustee, at the address shown above and on the Change of Address form attached. Please feel free to contact me by phone 909/982-2630 or my daughter Ruth Musser-Lopez at 760/885-9374.

Respectfully Submitted,

Hope I. Musser

Hope I. Musser, Trustee

Enclosure(s)