

RECEIVED

FEB 28 2018

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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MAR 05 2018

DEPARTMENT OF
WATER RESOURCES

Notice of Change in Water Right Ownership

IDWR / NORTH

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?
96-2321	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: Harry Hulquist (Deceased in 1992)
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Larry & Patricia Schrank
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☒ and/or
- 2914 Jewel Lake Road Sagle ID 83860
Mailing address City State ZIP
- 208-610-9262 None
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: 6-1-84

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: Larry Schrank 2-28-18
Signature of new owner/claimant Title, if applicable Date
- Signature: Patricia Schrank _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by NS Date 2-28-18 Receipt No. N033178 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 gmk Date 5-8-18

WARRANTY DEED

For Value Received

DOROTHY HULQUIST, As Her Separate Property

The grantor , does hereby grant, bargain, sell and convey unto

LARRY L. SCHRANCK and PATRICIA A. SCHRANCK, Husband and Wife
the grantee^s, whose current address is

the following described premises, in

BONNER

County Idaho, to-wit:

IN THE COUNTY OF BONNER, STATE OF IDAHO

That portion of The SE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 4, Township 55 North, Range 3 West, Boise Meridian, Bonner County, Idaho, lying East of the County Roads and lying South and West of the following described line:

Beginning at a point on the East-West center-line of said Section 4, a distance of 2399.83 feet East of the West One-Quarter corner of said Section 4; thence North 618.69 feet to the South right of way of an existing private road; thence along said right of way South 66° 59'39" West, 75.45 feet; thence South 66° 30' 02" West, 76.00 feet; thence North 87° 17' 47" West, 258.87 feet; thence North 64° 25' 50" West, 89.35 feet to the East right of way of the County Road.

TOGETHER WITH a well, pump and engine as described in Easement dated February 11, 1981 and recorded as Instrument No.242804, records of Bonner County, Idaho; and SUBJECT TO the terms and conditions thereof.

Date of Purchase

6-1-84

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee ,
their heirs and assigns forever. And the said Grantor does hereby covenant to and
with the said Grantees , that she is the owner in fee simple of said premises; that they are free
from all incumbrances :EXCEPT 1984 taxes.

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

Dated:

Dorothy Hulquist

STATE OF IDAHO, COUNTY OF Bonner

On this *1st* day of *June*, 19*84*,
before me, a notary public in and for the said State, personally
appeared

STATE OF IDAHO, COUNTY OF

I hereby certify that this instrument was filed for record at the
request of

2914 Jewell Lake Rd



May 22, 2017

Address RNB

Structure RNB

Intersection/Other RNB

Encroachments RNB

FINAL

PENDING

RE-ADDRESS

FINAL

PENDING

RE-ADDRESS

FINAL

PENDING

RE-ADDRESS

Address

Structure

Intersection/Other

Lift Station

FINAL

PENDING

RE-ADDRESS

FINAL

PENDING

RE-ADDRESS

FINAL

PENDING

RE-ADDRESS

FINAL

PENDING

RE-ADDRESS

0 0.015 0.03 0.06 mi

0 0.02 0.04 0.08 km

1:2,262

0 0.015 0.03 0.06 mi

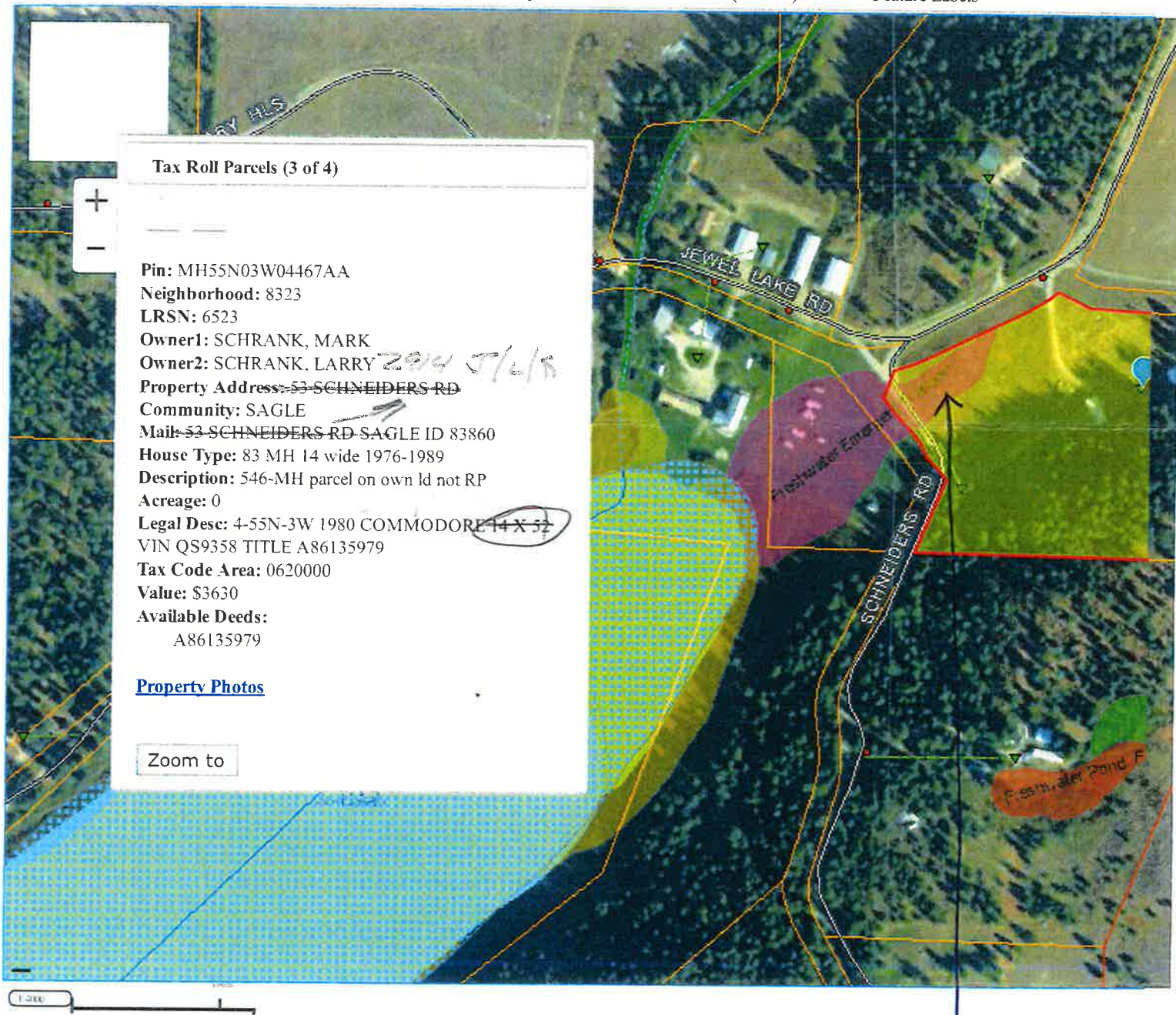
0 0.02 0.04 0.08 km

Created by:

Clear Graphics

NAIP 2015 (1 meter)

Feature Labels



Wetland

402093

State of Idaho
CERTIFICATE OF DEATHState File No. _____
Local Reg. No. 1-84

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE SEAL OF HEALTH & WELFARE HARBOR SEAL, SHALL BE USED AS PROOF FACT
EVIDENCE OF THIS DEATH UNDER IDAHO CODE 20-1001 & 20-101

DECEDENT

NAME: **HARRY ALFRED HULQUIST** SEX: **MALE** DATE OF DEATH (Month, Day, Year): **Feb. 13, 1992**

SOCIAL SECURITY NUMBER: **69** AGE - Last Birthday (Year, Month, Day): **69** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH (Month, Day, Year): **Nov. 20, 1922** BIRTHPLACE (City and State or Foreign Country): **Sandpoint, Idaho**

WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

PLACE OF DEATH (Check only one): **(1) Inpatient** **(2) ER/Outpatient** **(3) OOA** **(4) Home** **(5) Private Residence** **(6) Licensed Shelter Home** **(7) Other (Specify)**

FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number): **Kootenai Medical Center** CITY, TOWN OR LOCATION OF DEATH: **Coeur d'Alene** COUNTY OF DEATH: **Kootenai**

MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married** SURVIVING SPOUSE (If wife, give maiden name): **Marjory O'Donnell** DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.): **Farmer** KIND OF BUSINESS / INDUSTRY: **Own Farm**

RESIDENCE STATE: **Idaho** COUNTY: **Bonner** CITY, TOWN OR LOCATION: **Sagle** STREET AND NUMBER: **3340 Jewel Lake Rd.** ZIP CODE: **83860**

INSIDE CITY LIMITS? ☐ Yes ☒ No WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ Yes ☒ No RACE - American Indian, Black, Japanese, White, etc. (Specify): **White** IS DECEDENT'S EDUCATION? (Specify only highest grade completed): **Elementary** **Secondary (9-12)** **College (1-4 or 5+)**

PARENTS

FATHER - NAME: **Arthur H. Hulquist** BIRTHPLACE: **Pa.** MOTHER - FULL MAIDEN NAME: **Nellie Strousnider** BIRTHPLACE: **Ind.**

INFORMANT

NAME (Specify First): **Marjory Hulquist** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **3340 Jewel Lake Rd. - Sagle, Idaho 83860**

METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify): **Other (Specify)**

PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Moon Crematory** LOCATION - City or Town, State: **Sandpoint, Idaho**

DISPOSITION

SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **Don S. O'Neil** LICENSE NUMBER (or License): **M 501** NAME AND ADDRESS OF FACILITY: **Corbett Funeral Service** **Box 949 - Sandpoint, Idaho 83864**

TIME OF DEATH: **08:06** DATE PROHOUNCED DEAD (Month, Day, Year): **Feb. 13, 1992** WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No MANNER OF DEATH (Check one): ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined

CAUSE OF DEATH

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Respiratory Failure** Approximate Interval Between Onset and Death: **48**

DUPLICATE TO (or as a consequence of): **Metastatic Pancreatic Cancer** **3 months**

27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.

WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No

CERTIFIER

☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as 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 as stated.

SIGNATURE AND TITLE OF CERTIFIER: **Dr. Timothy T. Quinn M.D.** LICENSE NUMBER: **M 4286** DATE SIGNED (Month, Day, Year): **2/18/92**

NAME AND ADDRESS OF CERTIFIER (Specify): **700 Ironwood Dr. Coeur d'Alene, ID 83814**

DATE OF INJURY (Mo., Day, Year): _____ HOUR OF INJURY: _____ DESCRIBE HOW INJURY OCCURRED: _____

TO BE USED FOR EXTERNAL CAUSES ONLY

INJURY AT WORK? ☐ Yes ☒ No IF TRANSPORTATION ACCIDENT, Specify: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other

PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): _____ LOCATION (Street or Route Number, City/Town, or County, and State): _____

CORONER'S REVIEW AREA

CORONER'S ACTION (Check one): ☐ Reviewed Only ☐ Reviewed, Completed Items 26 and/or 30 ☐ Reviewed, Amended and Certified

CORONER'S SIGNATURE: _____ DATE SIGNED (Month, Day, Year): _____

REGISTRAR

REGISTRAR'S SIGNATURE: **Kevin Albright** DATE SIGNED (Month, Day, Year): **5 February 25, 1992**

FILED BY **Marie Scott**
DATE **2-19-92** TIME **2:15 PM**
MARIE SCOTT,
RECORDER OF BONNER COUNTY
BY **Robert** DEPUTY
FEES **13.00**

(STATE OF IDAHO)
(County of Kootenai)

THIS IS TO CERTIFY that this is a true copy of a death certificate filed with the Idaho Department of Health and Welfare under Title 39, Idaho Code. The local Deputy State Registrar in the Panhandle District Health Department issued this copy with local registration number affixed under authority granted to the State Registrar (IDAPA 16.02.8150.02b). Copies of this certificate made at a later date may reflect legal amendments made subsequent to this issuance.

NOT VALID WITHOUT RAISED SEAL OF IDAHO STATE DEPARTMENT OF HEALTH AND WELFARE

FEB 26 1992
Date Issued

Richard W. Blair
State Registrar of Vital Statistics



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

C.L. "Butch" Otter
Governor

Gary Spackman
Director

May 08, 2018

M E CLARK

GUY HULQUIST
3056 JEWEL LAKE RD
SAGLE ID 83860-8900

LARRY L SCHRANCK
PATRICIA A SCHRANCK
2914 JEWEL LAKE RD
SAGLE ID 83860-8909

Re: Change in Ownership for Water Right No(s): 96-2321

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) 287-4942.

Sincerely,

Jean Hersley
Technical Records Specialist II

Enclosure(s)