

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESRECEIVED
JAN 25 2018

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?
94-07672	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 Winkler and Mary Winkler
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Franklin E. Walker and Sandra L. Walker
New owner(s) as listed on the conveyance document Name connector ☒ and ☐ or ☐ and/or
- Box 632 Pinehurst ID 83850
Mailing address City State ZIP
- (808) 419 0721 mail4franklin@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: October 11th, 2016, and November 1st, 2011. (See Attached Paperwork)
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: Franklin E. Walker January 25th, 2018
Signature of new owner/claimant Title, if applicable Date

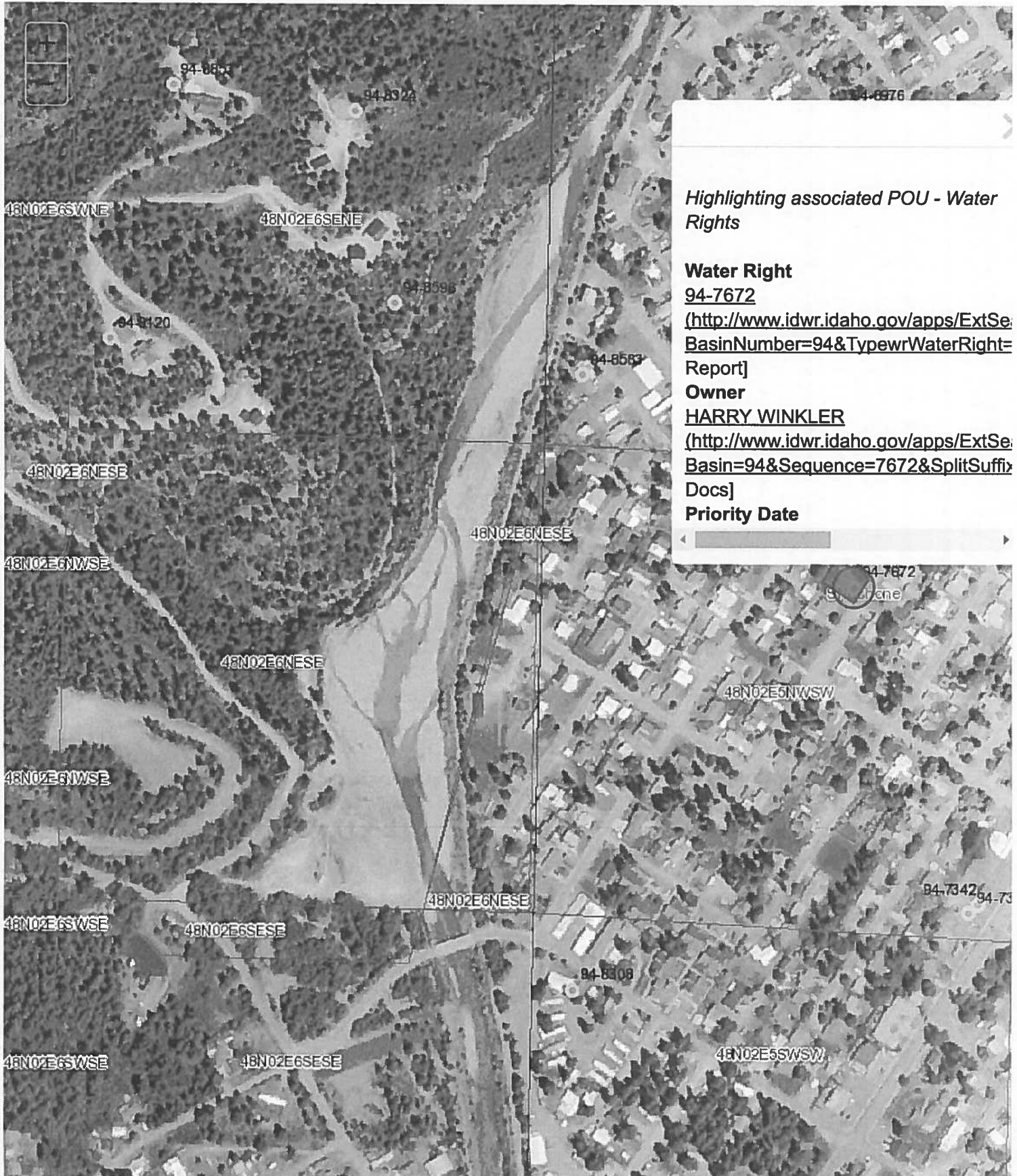
Signature: Sandra L. Walker 1/25/18
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by NS Date 1-26-18 Receipt No. N033128 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 3-30-18



486955

QUITCLAIM DEED

For Value Received, Terrie Clark, Grantor(s),

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

Franklin E. Walker, Grantee(s),

whose current address is: P.O. Box 632 Pinehurst, ID. 83850

The following described premises, to-wit:

Lot 15 and 17 in BLK 7
Woodland - First ADD.
5-48-2
Shoshone County IDAHO

Together with their appurtenances.

Dated this 11 day of October, 2016

Terrie Clark

STATE OF IDAHO, COUNTY OF Shoshone
On this 11 day of October, 2016 before
me, a notary public in and for the said state, personally
appeared Terrie Clark
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.

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

NOTARY PUBLIC FOR
THE STATE OF IDAHO
RESIDING AT OSBURN, ID 83849
MY COMMISSION EXPIRES 3/1/18

KAREY EDDY
NOTARY PUBLIC
STATE OF IDAHO

For Recording Use

Instrument # 486955

WALLACE, SHOSHONE COUNTY, IDAHO
10-11-2016 12:40:00 PM No. of Pages: 1
Recorded for: FRANKLIN E. WALKER
PEGGY DELANGE-WHITE Fee: 10.00
Ex-Officio Recorder Deputy Peggy Delange-White
Index to: QUITCLAIM DEED

486955 '16 OCT 11 PM 12:40

FRANKLIN E. WALKER
PO BOX 632
PINEHURST, ID 83850

QUITCLAIM DEED 464738

For Value Received Harry Winkler and Mary Winkler

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

Sandra L. Walker and Terrie Clark

whose current address is: P.O. Box 632, Pinehurst Id 83850

The following described premises, to-wit:

Lot 15 and Lot 17
BLK 7

WOODLAND - FIRST ADD

RESERVING, however, unto the party of the First Part a LIFE ESTATE to live in and utilize the property during his / her lifetime.

Together with their appurtenances.

Dated this 1 day of NOV., 20 11

Harry Winkler

Mary Winkler

STATE OF IDAHO, COUNTY OF Shoshone
On this 1st day of November, 2011 before me,
A notary public in and for the said state, personally appeared
Harry Winkler & Mary Winkler
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.

Karey Lambott

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

NOTARY PUBLIC FOR
THE STATE OF IDAHO
RESIDING AT MULLAN, ID 83846
MY COMMISSION EXPIRES 3/14/12

KAREY LAMBOTT
NOTARY PUBLIC
STATE OF IDAHO

For Recording Use

464738

Instrument # 464738

WALLACE, SHOSHONE COUNTY, IDAHO

11-1-2011 02:01:00 No. of Pages: 1

Recorded for: HARRY WINKLER

PEGGY DELANGE-WHITE Fee: 10.00

Ex-Officio Recorder Deputy Shiner

Index to: QUITCLAIM DEED W/LIFE EST.

2011 NOV 1 PM 2 01

DEPARTMENT OF
WATER RESOURCES

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Jan-25-2017

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed **FEBRUARY 16, 2012**

State File No. **2012-01359**

DECEDENT - LEGAL NAME HARRY LOUIS WINKLER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 82 YEARS	DATE OF BIRTH OCTOBER 07, 1929
BIRTHPLACE HARTWELL, MISSOURI		PLACE OF RESIDENCE PINEHURST, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) MARY MOORE	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME HARRY WINKLER			BIRTHPLACE MISSOURI
MOTHER - MAIDEN NAME OLLIE ORFIELD			BIRTHPLACE IOWA
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DEBBIE C. MIKESELL	
NAME AND ADDRESS OF FUNERAL FACILITY SHOSHONE FUNERAL SERVICES, INC., KELLOGG, IDAHO			
DATE OF DEATH FEB. 13, 2012	TIME OF DEATH 3:55 P.M.	CITY, TOWN OR LOCATION OF DEATH PINEHURST, IDAHO	COUNTY OF DEATH SHOSHONE
CAUSE OF DEATH (underlying cause last) a. DISSEMINATED MALIGNANT NEOPLASM UNKNOWN TYPE			Approximate Interval Between Onset and Death 4 MONTHS
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER FREDERICK R. HALLER, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: **FEBRUARY 16, 2012**

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

PSNCO (Rev) 07/10

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



AZ

CERTIFICATION OF VITAL RECORDS



STATE OF ARIZONA

 STATE OF ARIZONA
 DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
 CERTIFICATE OF DEATH

State File NO: 102- 2015-054598

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) MARY EVELYN WINKLER		2. AKA'S (IF ANY)		3. DATE OF DEATH 12/31/2015	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH 07/13/1934	7. AGE 81	UNDER 1 YEAR 8. MONTHS 9. DAYS 10. HOURS 11. MINUTES	
12. PLACE OF DEATH - HOSPITAL ☒ INPATIENT ☐ E.R./OUTPATIENT ☐ DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: ☐ NURSING HOME OR LONG TERM CARE FACILITY ☐ RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): HAVASU REGIONAL MEDICAL CENTER		15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: LAKE HAVASU CITY 86403		16. COUNTY OF DEATH: MOHAVE	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) ATLANTA, GEORGIA		18. MARITAL STATUS AT TIME OF DEATH: WIDOWED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 310 S 3RD		21. CITY AND COUNTY: PINEHURST, SHOSHONE		22. STATE IDAHO	23. ZIP CODE 83850
25. WAS DECEDENT OF HISPANIC ORIGIN? ☒ NO, NOT SPANISH, HISPANIC OR LATINO ☐ YES, MEXICAN, MEXICAN AMERICAN, CHICANO ☐ YES, PUERTO RICAN ☐ YES, CUBAN ☐ YES, OTHER (SPECIFY) ☐ UNKNOWN		26. DECEDENT'S RACE(S): ☒ WHITE ☐ BLACK, AFRICAN AMERICAN ☐ NATIVE HAWAIIAN ☐ ASIAN INDIAN ☐ CHINESE ☐ FILIPINO ☐ JAPANESE ☐ GUAMANIAN OR CHAMORRO ☐ KOREAN ☐ VIETNAMESE ☐ SAMOAN ☐ AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: LADY LOGGER		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) BESSIE LULU SNOOK			
29. FATHER'S NAME (FIRST, MIDDLE, LAST) SAMUEL EARL MOORE		32. RELATIONSHIP: DAUGHTER		33. INFORMANT'S MAILING ADDRESS: 4827 MONTE VISTA PL., MOUNT VERNON, WASHINGTON 98273	
31. INFORMANT'S NAME: SANDRA L. WALKER		35. FUNERAL DIRECTOR: KRISTEN L. WESTWOOD, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0968	
34. NAME AND ADDRESS OF FUNERAL FACILITY: LIETZ-FRAZE FUNERAL HOME 21 RIVIERA BLVD., LAKE HAVASU CITY, AZ		37. METHOD(S) OF DISPOSITION: REMOVAL/BURIAL		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: GREENWOOD CEMETERY, KELLOGG, IDAHO	
		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH 40. A	ACUTE CARDIOPULMONARY FAILURE DUE TO				41. APPROXIMATE INTERVAL: MINUTES
DUE TO OR AS A CONSEQUENCE OF 42. B	ACUTE RESPIRATORY ASPIRATION DUE TO				43. APPROXIMATE INTERVAL: MINUTES
DUE TO OR AS A CONSEQUENCE OF 44. C	RECURRENT SEIZURES AND				45. APPROXIMATE INTERVAL: DAYS
DUE TO OR AS A CONSEQUENCE OF 46. D	SEVERE DEBILITATION				47. APPROXIMATE INTERVAL: WEEKS-MONTHS
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: CORONARY ARTERY DISEASE STATUS POST CORONARY ARTERY BYPASS GRAFT 12/17/15, POST NSTEMI WITH CARDIOGENIC SHOCK, CONGESTIVE HEART FAILURE, PAROXYSMAL ATRIAL FIBRILLATION			49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH
			53. WAS AN AUTOPSY PERFORMED? NO	54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
☒ Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Medical Examiner/Tribal Law Enforcement Authority - 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.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: LAWRENCE L. YOUNG, M.D.		56. DATE CERTIFIED: 01/03/2016	
57. CERTIFIER'S ADDRESS: 101 CIVIC CENTER LN. LAKE HAVASU CITY, AZ. 86405		58. NAME OF REGISTRAR: PATTY MEAD		59. DATE REGISTERED: 01/21/2016	

DATE ISSUED: 01/21/2016

H 0040180


 This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,
 ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
 Revised 07/2015

 Krystal Colburn
 KRISTAL COLBURN
 ASSISTANT STATE REGISTRAR


This copy not valid unless prepared on a form displaying the State Seal.



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

March 30, 2018

FRANKLIN E WALKER
SANDRA L WALKER
PO BOX 632
PINEHURST ID 83850

Re: Change of Ownership for Water Right/Permit No(s): 94-7672

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)