

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP 27 2017

WATER RESOURCES
WESTERN REGION

SUPPORT DATA

IN FILE # 65-3240

CHANGE IN ADDRESS

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): 1. 65 - 3240(2), 2. 65 - 3241 (2)

Name(s):

~~Julie Ann Helms~~
MELVIN D & MARY A ALSAGER TRUST - Name on WR's - CJ

Old Mailing Address:

Melvin D. Alsager
1425 S. Edgewater Circle
Nampa, Idaho 83686

- Trustee
& address
changing

New Mailing Address:

Julie A. Helms
1325 E. Gettysburg St.
Boise, Idaho 83706

Telephone Number:

208 342-3049, 208-859-7972 (Cell)

Email:

jewelsrussell@hotmail.com

Signature(s) of Owner(s)

Julie Ann Helms
Trustee

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

Date:

September 27, 2017

Send a signed original to your closest regional office:

IDWR Northern Region
7600 N. Mineral Dr., Suite 100
Coeur d'Alene, ID 83815-7763
(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
650 Addison Ave W, Suite 500
Twin Falls, ID 83301-5858
(208) 736-3033

Account Agreement

Date: 07/08/97

Institution Name & Address

MOUNTAIN WEST BANK, DIVISION OF GLACIER BANK
125 IRONWOOD DRIVE
COEUR D'ALENE, ID 83814

(208) 765-0284
BY: LEZLEIGH D DYESS

TCD0773

Revised Date: 07/20/17

Revision Reason: CHANGED TRUSTEE

Owner/Signer Information 1

Name	JULIE ANN HELMS
Relationship	TRUSTEE
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
☐ Joint with Survivorship (not as tenants in common or community property)
☐ Joint with No Survivorship (as tenants in common)
☐ Community Property (no survivorship)

- ☐ Sole Proprietorship or Single Member LLC ☐ Partnership
☐ LLC-enter tax classification (☐ C Corp ☐ S Corp ☐ Partnership)
☐ C Corporation ☐ S Corporation ☐
☒ Trust-Separate Agreement Dated: 03/12/15
☐

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)
☐

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

Internal Use TOTALLY FREE

Account Title & Address

THE MELVIN D AND MARY A ALSAGER TRUST
JULIE ANN HELMS TRUSTEE
1425 S EDGEWATER CIR
NAMPA ID 83686-5051

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☐ Common Features ☐

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- (1): [X] JULIE ANN HELMS
I.D. # _____ D.O.B. _____
- (2): [X]
I.D. # _____ D.O.B. _____
- (3): [X]
I.D. # _____ D.O.B. _____
- (4): [X]
I.D. # _____ D.O.B. _____

Alsager Trust

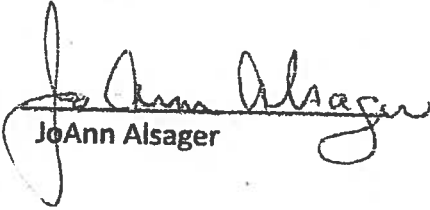
Joann Alsager

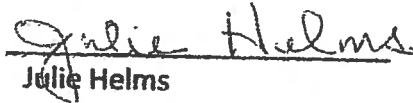
Wed 7/19/2017 7:21 PM

To: Joann Alsager <joannalsager@hotmail.com>;

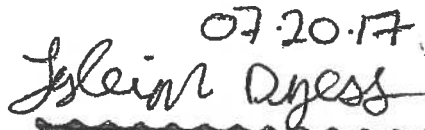
I Joann Alsager being the sole Trustee of the Melvin Alsager Trust find it necessary to terminate my Trusteeship and wish to appoint Julie Ann Helms to succeed me as sole Trustee. Julie Helms has agreed to assume the responsibility of this position. As of this date 7/19/2017 no funds or property have been distributed from this trust I also ask for release of any future liability.

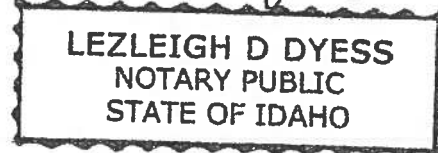
Sent from Outlook


JoAnn Alsager


Julie Helms

Acceptance of Trusteeship by Julie Helms on this date. 07-19-2017

07.20.17




EXP: 02/06/23