

RECEIVED

JUN 21 2017

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$ 50
Receipt No. 0103746
Received By VC
Date Received 6/21/17

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No. 72-16687 Telephone No. 208-362-9043
2. Name of Permit Holder(s) Marlene J. Bolen
3. Mailing Address 9190 Aquarius St City Boise
State ID Zip 83709 Email marlene bolen 44@gmail.com
4. Source of Water Ground Water If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
Well Driller _____ Drilling Permit Number _____

5. Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) _____ Stockwater (No. and type of stock) _____
Irrigation (No. of acres) 2.8 Other _____
6. Total rate of diversion or storage volume for which proof is submitted 0.07 cfs OR _____ acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.
The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes ☐	No ☒
	If yes, has the measuring device been installed?	Yes ☐	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☒	No ☐
	If yes, has the lockable device been installed?	Yes ☒	No ☐
Fish Screen	Is a fish screen required?	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☐

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

_____ Completed? Yes ☐ No ☐

8. Fee Enclosed \$ 50.00 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
9. Person to contact to accompany the Department representative during field examination of the water system.
Name Marlene Bolen Telephone Number 208-362-9043
Mailing Address 9190 Aquarius St. City Boise
State ID Zip 83709 Email marlene bolen 44@gmail.com or marlene@bolenscontrol.com

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder Marlene J. Bolen Date 6/9/17
(Include your title, if on behalf of company or organization)

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR:

08/22/2016

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2016-08362

ONLY A COPY OF THIS CERTIFICATE CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RANDED SEAL, SHALL BE USED AS PROOF OF THE DEATH UNDER SCHEDULED AND SCHEDULED, IDAHO CODE

Local Reg. No.

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS REGISTRAR DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-33 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) GILBERT JOSEPH BOLEN 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE-Last Birthday 71 (Years) 4b. UNDER 1 YEAR Months: Days: Hours: Minutes: 4c. UNDER 1 DAY Hours: Minutes: 5. DATE OF BIRTH (Mo/Day/Yr) 08/27/1944 6. BIRTHPLACE (City and State, Territory, or Foreign Country) GRAND ISLAND, NEBRASKA 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY ADA 7c. CITY OR TOWN BOISE 7d. APT. NO. [REDACTED] 7e. ZIP CODE 83709 7f. 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) MARLENE JANKY 10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) GILBERT LEWIS BOLEN 11b. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARJORIE JEAN DOUGLAS 12b. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA 13a. INFORMANT'S NAME (Type or print) MARLENE BOLEN 13b. RELATIONSHIP TO DECEDENT WIFE 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 9190-AQUARIUS ST. BOISE, ID 83709 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) TERRACE LAWN MEMORIAL GARDENS 4225 E FAIRVIEW AVE MERIDIAN, IDAHO 83842 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY CLOVERDALE FUNERAL HOME 1200 NORTH CLOVERDALE RD. BOISE, IDAHO 83713 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MICHAEL D. BELL 17b. LICENSE NUMBER (Of licensee) M0860 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify) VACATION HOME 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify) VACATION HOME 20. FACILITY NAME (If not facility, give street and number) 700 THOMPSON CREEK 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE CLAYTON, ID 83227 22. COUNTY OF DEATH CUSTER 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 16, 2016 24. TIME OF DEATH (24hr) Estimated 01:00 - 03:00 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 16, 2016 26. TIME PRONOUNCED DEAD (24hr) 09:00 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. HEART FAILURE DUE TO (or as a consequence of): b. ATRIAL FIBRILLATION DUE TO (or as a consequence of): c. EMPHYSEMA DUE TO (or as a consequence of): d. SMOKING FOR 32 YEARS PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. COPD 28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown 29. IF FEMALE (Aged 10-44): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before 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 ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ 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 DECEDENT OCCUPIED, if applicable. TRANSPORTATION INJURY ONLY 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify): 38b. WHAT SAFETY DEVICE(S) DID DECEDENT 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 - To the best of my knowledge, death occurred at the time, date, and place, and due to the nature cause(s)/manner 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 stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: CHAD WORKMAN 39b. LICENSE NUMBER 39c. DATE SIGNED 8 / 20 / 2016 MM DD YYYY 40a. REGISTRAR'S SIGNATURE James B. Aydelotte 40b. DATE SIGNED 8 / 22 / 2016 MM DD 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.

DATE ISSUED: AUG 22 2016

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

JAMES B. AYDELOTTE
STATE REGISTRAR

Signed: 3/1/2017 10:19 AM

FILED By: Christopher D. Rich Deputy Clerk
Fourth Judicial District, Ada County
CHRISTOPHER D. RICH, Clerk

Stephen L. Pruss, ISBN 3456
Ahrens DeAngeli Law Group LLP
P.O. Box 9500
Boise, Idaho 83707-9500
Telephone: (208) 639-7799
Facsimile: (208) 639-7788
spruss@adlawgroup.com

Attorneys for Personal Representative

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

CV01-17-03161

IN THE MATTER OF THE ESTATE OF

CASE NO. _____

GILBERT J. BOLEN,

LETTERS TESTAMENTARY WITH
ACCEPTANCE

Deceased.

(I.C. §§ 15-3-602 and 15-3-702)

Marlene J. Bolen is hereby appointed Personal Representative of the Estate of
Gilbert J. Bolen, deceased, with all authority pertaining thereto. Administration of the estate is
unsupervised.

These Letters are issued to evidence the appointment, qualification, and authority of

the Personal Representative.

COUNTY OF ADA J SS:

I, Christopher D. Rich, Clerk of the District Court of the
Fourth Judicial District of the State of Idaho, in and for the
County of Ada, do hereby certify that the foregoing is a
true and correct copy of the original on file in this office. In
witness whereof, I have hereunto set my hand and affixed
my official seal this _____ day - OF -
of _____ 2017.

CHRISTOPHER D. RICH, Clerk

Signed: 2/27/2017 04:24 PM

LETTERS TESTAMENTARY WITH ACCEPTANCE - 1

WITNESS, my signature and the seal of the Court, this _____ day of _____, 2017.

MAGISTRATE

STATE OF IDAHO)
 : ss
COUNTY OF ADA)

I, the undersigned, hereby accept the appointment to the office of Personal Representative of the Estate of Gilbert J. Bolen, deceased, and do solemnly swear that I will perform, according to law, the duties of Personal Representative of said estate.

Dated: Feb 9, 2017

Marlene J. Bolen

Marlene J. Bolen

Address: c/o Ahrens DeAngeli Law Group
LLP

P.O. Box 9500

Boise, Idaho 83707-9500

Telephone: (208) 639-7799

SUBSCRIBED AND SWORN to before me this 9 day of Feb 2017
2017.

My Commission Expires
July 20, 2021

Ryl Ct

NOTARY PUBLIC

Residing at: Don ID

My Commission Expires: _____

PASQUALE CARRATU
Notary Public
State of Idaho

Certificate of Service

LETTERS TESTAMENTARY WITH ACCEPTANCE to be served upon the following individual, as indicated below:

Ahrens DeAngeli Law Group
Attn: Stephen L. Pruss
PO Box 9500
Boise, Idaho 83707-9500

☒ U.S. Mail
☐ Hand Delivery
☐ Overnight Mail
☐ Facsimile: _____
☒ Email: spruss@adlawgroup.com


Signed: 3/1/2017 10:19 AM



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

June 30, 2017

MARLENE J BOLEN
9190 AQUARIUS ST
BOISE ID 83709

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 72-16687

Dear Permit Holder(s):

The Department acknowledges receipt of the assignment of permit form for the above referenced water right permit. The department has modified its records to reflect the change in ownership and has enclosed a computer-generated report for your records.

The Department also acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised 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.

If you have any questions concerning the field examination, please contact the Southern Region Office of the Department located in Twin Falls at (208) 736-3033.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)

RECEIVED

JUN 21 2017

DEPARTMENT OF
WATER RESOURCES

RECEIVED

JUN 30 2017

DEPARTMENT OF
WATER RESOURCES

10/09

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

\$25 fee per permit

For Office Use Only

Receipt Amt \$ 25Receipt No. 003746Date 6/21/17

DE ✓

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, Gilbert J. Bolen deceased, hereby assign to Marlene J. Bolen
 Current Owner(s) New Owner(s)
 of, 9190 Aquarius St, Boise, ID 83709 208-362-9043
 Full address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s). 72-16687 to appropriate
 the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):
 _____, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point
 of diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of Diversion? ☐ Yes ☐ No
 Place of Use? ☒ Yes ☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the
 place of use: _____

Made this _____ day of _____, 20____.

See attachments Marlene J. Bolen Personal Representative
 Signature of Permit Holder Title (if applicable) Signature of Permit Holder Title (if applicable)

State of Idaho _____)
 County of ADA _____)ss

On this 29 day of June, 2017, personally appeared before me the signer(s) of the above
 instrument, who duly acknowledged to me that he/she/they executed the same.

Ray C
 Notary Public

My commission expires: _____

SEAL

PASQUALE CARRATU
 Notary Public
 State of Idaho

My Commission Expires
 July 20, 2021



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

June 23, 2017

MARLENE J BOLEN
9190 AQUARIUS ST
BOISE ID 83709

ASSIGNMENT DEFICIENCY LETTER

RE: Permit No. 72-16687

Dear Interested Party:

The Department received the Assignment of Permit (assignment) form you submitted for the above referenced permit.

Upon review of your assignment and the attachments submitted, it is now clear that you need to sign and date the form. Next to your signature please write that you are the personal representative of the estate. In addition, the assignment form needs to be notarized.

I am returning the form to you to be completed. Please resubmit the completed form at your earliest convenience before the proof due date of **August 01, 2017** to avoid the possibility of your permit lapsing. If you have any questions concerning this matter, please contact me at (208) 287-4945.

Sincerely,

Darla Block
Technical Records Specialist

RECEIVED

JUN 30 2017

Enclosure(s)

6/29/17

DEPARTMENT OF
WATER RESOURCES

Hi Darla,

I'm sending back the signed & notarized copy
you needed.

Thank-you

Marlene Bolen