

RECEIVED

APR 20 2017

RECEIVED

MAR 29 2017

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
IDWR/NORTHERN

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?
~~94-4250~~ <i>NSP</i>	Yes ☒	Yes ☐		Yes ☐	Yes ☐
94-8850	Yes ☒	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Husband & Donald J. Pickarski married 54 yrs Deceased
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Kathleen J. Pickarski
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☐ and/or
- new address PO Box 156 Pinehurst City IL State IL ZIP 63850
- Mailing address 208 6822738 Telephone None 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: 1971 Bought 1st 2nd & 3rd 1/4 2nd 1/4 2nd 1/4
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. We have paid this twice already
 - ☐ \$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: Kathleen Pickarski Signature of new owner/claimant Title, if applicable 3-4-17-17 Date
- Signature: Donald Pickarski Deceased Signature of new owner/claimant Title, if applicable died 2-26-16 Date

For IDWR Office Use Only:

Received by NS Date 4-20-17 Receipt No. N032514 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 4-20-17

State of Idaho
Department of Water Resources
Water Right License
94-8850

RECEIVED
APR 20 2017
IDWR/NORTHERN

01E

48N



-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Taxlots

0 0.035 0.07 0.14 Miles



STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

RECEIVED

APR 20 2017

IDWR/NORTHERN

State of Idaho CERTIFICATE OF DEATH

THIS IS A COPY OF THE ORIGINAL, CERTIFIED BY THE STATE AGENT WITH THE DEPARTMENT OF HEALTH AND WELFARE, IDAHO, AND IS VALID FOR ALL PURPOSES.

Local Reg. No.

1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DONALD JAMES PIEKARSKI		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
4a. AGE-Last Birthday 75 (Years)	4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0	5. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]	
6. BIRTHPLACE (City and State, Territory, or Foreign Country) BONNERS FERRY, IDAHO			
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	7b. COUNTY SHOSHONE	7c. CITY OR TOWN KINGSTON	
7d. STREET AND NUMBER 1211 FRENCH GULCH	7e. APT. NO. 83839	7f. ZIP CODE 83839	7g. 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 wid, give maiden name) KATHLEEN PERKINS	
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA	
11b. FATHER'S NAME (First, Middle, Last, Suffix) PETER P. PIEKARSKI		11c. BIRTHPLACE (State, Territory, or Foreign Country) NORTH DAKOTA	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) HELEN V. BRATTON		12b. BIRTHPLACE (State, Territory, or Foreign Country) NORTH DAKOTA	
13a. INFORMANT'S NAME (Type or print) KATHLEEN PIEKARSKI		13b. RELATIONSHIP TO DECEASED SPOUSE	
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. BOX 303 KINGSTON, ID 83839			
14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of preparator, cemetery, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814			
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DOUGLAS C. DARLING		17b. LICENSE NUMBER (If licensee) M0849	17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No
18a. IF DEATH OCCURRED IN A HOSPITAL: ☒ 18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐			
19. FACILITY NAME (If not facility, give street and number) MOUNTAIN VALLEY CARE REHAB CTR.			
20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE KELLOGG, ID 83837			
21. COUNTY OF DEATH SHOSHONE			
22. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 26, 2016		23. TIME OF DEATH (24hr) 18:27	
24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 26, 2016		25. TIME PRONOUNCED DEAD (24hr) 18:27	
26. CAUSE OF DEATH			
PART I. Enter the immediate cause - disease, injury, or poisoning - 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, or resulting in death) a. PARKINSON'S DISEASE			
DUE TO (or as a consequence of):			
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
PART II. Enter the underlying cause - disease, injury, or poisoning - that directly caused the death, but not resulting in the underlying cause given in Part I.			
IMMEDIATE CAUSE (Final disease or condition, or resulting in death) DEMENTIA			
27a. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown			
27b. IF FEMALE (Aged 15-44): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 45 days to 1 year before death ☐ Unknown if pregnant within the past year			
28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No			
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THIS CAUSE OF DEATH? ☐ Yes ☒ No			
29. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined			
30. DATE OF INJURY (Mo/Day/Yr) (Spell month)		31. TIME OF INJURY (24hr)	
32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.)		33. INJURY AT WORK? ☐ Yes ☒ No	
34. LOCATION OF INJURY: State _____ City/Town/County _____ Zip Code _____			
35. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED, if applicable			
36a. TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Driver/Operator ☐ Passenger ☐ Other (Specify)			
36b. WHAT SAFETY DEVICES(S) DID DECEASED USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
37a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE ☐ CORONER			
37b. LICENSE NUMBER M-08356			
37c. DATE SIGNED 3 / 7 / 2016			
37d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SCOTT A. REED, 301 S. DIVISION PINEHURST, ID 83850			
38a. REGISTRAR'S SIGNATURE James B. Galt			
38b. DATE SIGNED 3 / 7 / 2016			

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: **MAR 07 2016**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

RECEIVED

APR 20 2017

For Value Received VERN L. CAMERON and BETTY L. CAMERON,

husband and wife, of Shoshone County, Idaho,

the grantors, do hereby grant, bargain, sell and convey unto DONALD J. PIEKARSKI and

KATHLEEN J. PIEKARSKI, husband and wife, of Shoshone County, Idaho,

the grantees, the following described premises, in Shoshone County Idaho, to-wit:

A tract of land situated in the S 1/2 SW 1/4 SE 1/4 and S 1/2 SE 1/4 SE 1/4, Section 1, Township 48 North, Range 1 E.B.M., Shoshone County, State of Idaho, and more particularly described as follows:
Beginning at the SE corner of NE1/4 SE1/4 SE1/4 of Section 1, Township 48 North, Range 1 E.B.M.; thence West, a distance of 1855 feet to a point (Also SE corner of Thompson tract); thence North parallel to the Section line a distance of 210 feet to a point (also NE corner of Thompson tract); thence Westerly along the North boundary line of the Thompson tract, a distance of 427 feet to a point on the French Gulch Road Right-of-way; thence Northerly a distance of 285 feet along the French Gulch Road Right-of-way to the NW corner (also the SW corner of Roberts tract); thence East a distance of 2400 feet to the NE corner (also the SE corner of Roberts tract); thence South along the section line a distance of 460 feet to the place of beginning.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees, that they are the owner s in fee simple of said premises; that they are free from all incumbrances

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

Dated: April , 1972

VERN L. CAMERON

BETTY L. CAMERON

STATE OF IDAHO, COUNTY OF Shoshone
On this day of April , 19 72
before me, a notary public in and for said State, personally appeared VERN L. CAMERON and BETTY L. CAMERON, husband and wife, of Shoshone County,

known to me to be the person s whose name s are subscribed to the within instrument, and acknowledged to me that they executed the same.

Notary Public

Residing at Kellogg, Idaho
Comm. Expires 4/15/73 Wallace

STATE OF IDAHO, COUNTY OF SHOSHONE

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

at 00- minutes past 9 o'clock a.m.,
this 27th day of April ,
19 72, in my office, and duly recorded in Book 147
of Deeds at page 302

VICTORIA WHITE
Ex-Officio Recorder

By Sandra L. Tuttle Deputy.

Fees \$ 1.00
Mail to: Donald J. Piekarski
Box 647, Pinehurst, Idaho 83850

INSTRUMENT No.



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

April 20, 2017

KATHLEEN PIEKARSKI
PO BOX 156
PINEHURST ID 83850

Re: Change of Ownership for Water Right/Permit No(s): 94-8850

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,

A handwritten signature in cursive script that reads "Natalie Steading".

Natalie Steading
Technical Records Specialist I

Enclosure(s)