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Rev. 04 12

AUG 05 2016

DEPT OF WATER RESOURCES
SOUTHERN REGION STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

\$25 fee per permit
Received by DM
Receipt amt \$ 25-
Receipt no 5835644
Date 8-5-2016

ASSIGNMENT OF PERMIT

To change the ownership of a permit

Kathleen Garry &/or
I, Kerry G. Speth, hereby assign to Kerry G. and Mercy Speth
of, 4136 N. Jones Rd #A Oak Harbor WA 98271 360-679-0518
New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 41-7066 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:

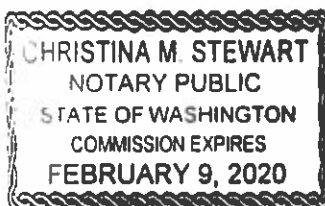
Dated this 02 day of August, 2016

KERRY G. SPETH - POA LO Speth
Permit holder Title (if applicable) Permit holder Title (if applicable)

State of ~~Idaho~~ Washington)
County of Island)ss

On this 2nd day of August, 2016, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he/she they executed the same

SEAL



Christina M. Stewart
Notary Public

My commission expires: 02/09/2020

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DEPT OF WATER RESOURCES
SOUTHERN REGION

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by Kerry G. Speth, as Personal Representative of the Estate of Kathleen D. Garry, a/k/a Kathleen D. Garry Speth, Deceased, Grantor, to Kerry G. Speth grantee whose address is 10312 Great Rock Road, Santee, California 92071.

WHEREAS, Grantor is the qualified Personal Representative of said estate, filed as Probate Number 86-15-E, in Power County, Idaho;

THEREFORE, for and in consideration of the sum of Ten Dollars (\$10.00) and other valuable consideration, Grantor sells and conveys to Grantee the following described real property in Bannock County, Idaho:

See attached Exhibit "A"

TO HAVE AND TO HOLD, all and singular, the said premises, together with the appurtenances and privileges thereunto incident unto the said party of the second part, and to his heirs and assigns forever, and the said party of the first part, and his heirs, warrants the said premises in the quiet and peaceable possession of the said party of the second part, his heirs and assigns, against the said party of the first part, and his heirs, and against all and every person or persons whomsoever, lawfully claiming or to claim the same, shall and will warrant and by these presents forever defend.

EXECUTED this 24th day of September, 1987.

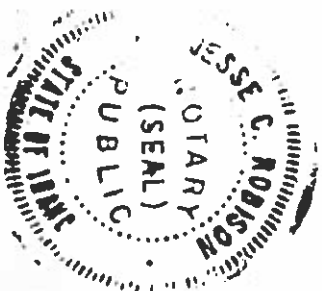
ESTATE OF KATHLEEN D. GARRY,
a/k/a Kathleen D. Garry Speth

By: *Kathleen D. Garry*
Personal Representative

STATE OF IDAHO)
 : ss
County of Bannock)

On this 24th day of September, 1987, before me, the undersigned, a Notary Public in and for said State, personally appeared KERRY G. SPETH, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same as Personal Representative for the Estate of Kathleen D. Garry, a/k/a Kathleen D. Garry Speth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Jesse C. Robinson
NOTARY PUBLIC FOR IDAHO
Residing at Pocatello, Idaho
My Commission Expires: *June 11, 1992*

State of Idaho
CERTIFICATE OF DEATH

State File No. _____
 Local Reg. No. 16-2666

TYPE OR
 PRINT IN
 PERMANENT
 BLACK INK
 DO NOT USE
 FELT TIP PEN

DECEDENT

PARENT

DISPOSITION

CERTIFIER

IF DEATH WAS DUE
 TO OTHER THAN
 NATURAL CAUSE,
 THE CORONER
 MUST COMPLETE
 AND SIGN THE
 CERTIFICATE

CONDITIONS
 IF ANY
 WHICH CAUSE
 RISE TO
 IMMEDIATE
 CAUSE
 STATING THE
 UNDERLYING
 CAUSE LAST

CAUSE OF DEATH

HWH-5128
 revised 1985

DECEDENT — NAME FIRST MIDDLE LAST Kathleen Dormia Doughty Garry		SEX Female	DATE OF DEATH (Mo., Day, Yr.) JULY 1, 1986
RACE (White, Black, American Indian, Japanese, etc.) White	AGE - Last Birthday (Yrs.) 51	DATE OF BIRTH (Mo., Day, Yr.) MARCH 17, 1935	COUNTY OF DEATH Bannock
CITY, TOWN OR LOCATION OF DEATH Pocatello (83201)		HOSPITAL OR OTHER INSTITUTION — Name (If not in either, give street and number) Bannock Regional Medical Center	IF HOSP OR INST indicate DCA, OPI Emer. Rm., Inpatient (Specify) Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	SURVIVING SPOUSE (If wife, give maiden name) No
SOCIAL SECURITY NUMBER 310-36-0674		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary/Cashier	KIND OF BUSINESS OR INDUSTRY General business
RESIDENCE STATE Idaho	COUNTY Power	CITY, TOWN OR LOCATION American Falls	STREET AND NUMBER 378 Tyhee
FATHER — NAME John H. Doughty		BIRTHPLACE Indiana	MOTHER — MAIDEN NAME Olive Elizabeth Thompson
INFORMANT — NAME Kerry Gene Speth		MAILING ADDRESS VP-6	CITY OR TOWN FPO San Francisco, California 96601
BURIAL, CREMATION, REMOVAL (Specify) Cremation	DATE JULY 2, 1986	CEMETERY OR CREMATORY — NAME Grove City Crematory	LOCATION CITY OR TOWN STATE Blackfoot Idaho
MORTICIAN (Signature) <i>Dean A. Packham</i>	LICENSE NO. M-601	NAME OF FACILITY PACKHAM MORTUARY	ADDRESS OF FACILITY Blackfoot, Idaho 83221-2399
21a. I hereby certify that I attended the deceased from <u>3-12-86</u> to <u>7-1-86</u> I last saw the deceased alive on <u>7-1-86</u> To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Peggy S. Mansfield, M.D.</i> DATE SIGNED (Mo., Day, Yr.) JULY 2, 1986 HOUR OF DEATH 5:40 P.M.		22a. 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) stated. (Coroner's Signature) DATE SIGNED (Mo., Day, Yr.) _____ HOUR OF DEATH _____ 22b. PRONOUNCED DEAD (Mo., Day, Yr.) _____ PRONOUNCED DEAD (Hour) _____ 22c. ON _____ AT _____	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) Dr. Peggy S. Mansfield, M.D., 1352 East Center Street, Pocatello, Idaho 83201			
REGISTRAR <i>Tim Harris</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <i>July 16 1986</i>	
PART I IMMEDIATE CAUSE <i>Metastatic Breast Cancer</i>		Interval between onset and death 3 years	
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Yes or No) No	
ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) No	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Yes or No) No	IF MOTOR VEHICLE, SPECIFY: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	LOCATION STREET OR R.F.D. NO., CITY/TOWN OR COUNTY STATE

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(STATE OF IDAHO)
 (County of Bannock)

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 SOUTHERN REGION

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 Southeastern 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.

7-16-86
 Date Issued

Bruce Higgins, R.N.
 State Registrar of Vital Statistics

General Power of Attorney

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. **THE POWERS WILL NOT EXIST AFTER YOU BECOME DISABLED OR INCAPACITATED.** This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your general power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs. This form must be signed by the Principal (the person appointing the attorney-in-fact), witnessed by two persons other than the notary public, and acknowledged by a notary public.

I, Kerry G. Speth of 4136 JONES RD.
OAK HARBOR, WA 98277, as principal, to grant a general power of
attorney to, do hereby appoint: MERCY B SPETH of 4136 JONES RD
Oak HARBOR, WA 98277

my attorney-in-fact to act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters to the extent that I am permitted by law to act through an agent. The powers chosen below shall have the full force and effect given to them by their full enumeration as laid out in the text of the Power of Attorney Act of the laws of the State of WASHINGTON:

- ☒ (a) real estate transactions;
- ☒ (b) goods and services transactions;
- ☒ (c) bond, share and commodity transactions;
- ☒ (d) banking transactions;
- ☒ (e) business operating transactions;
- ☒ (f) insurance transactions;
- ☒ (g) estate transactions;
- ☒ (h) claims and litigation;
- ☒ (i) personal relationships and affairs;
- ☒ (j) benefits from military service;

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- 7 (k) records, reports and statements:
7 (l) retirement benefit transactions:
7 (m) making gifts to my spouse, children and more remote descendants, and parents:
7 (n) tax matters:
7 (o) all other matters:
7 (p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select:
7 (q) unlimited power and authority to act in all of the above situations (a) through (p)

If the attorney-in-fact named above is unable or unwilling to serve, I appoint _____ of _____ to be my attorney-in-fact for all purposes hereunder.

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney. This power of attorney shall not be effective in the event of my future disability or incapacity. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence.

Dated: 21 MAY 2014

Signature and Declaration of Principal

I, KERRY G. SPETH, the principal, sign my name to this power of attorney this 21 day of MAY 2014 and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Kerry G. Speth
Signature of Principal

Witness Attestation

I, Samuel H. Nelson, the first witness, and I, Kristin L. Lee, the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal

is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Linda L. Nelson
Signature of First Witness

Kristen Lee
Signature of Second Witness

Notary Acknowledgment

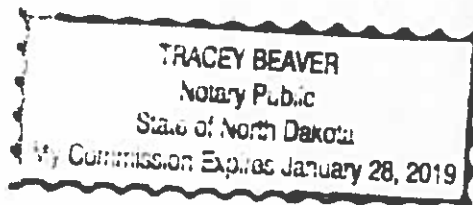
State of North Dakota County of Traill
Subscribed, sworn to and acknowledged before me by Mercy Speth, the Principal,
and subscribed and sworn to before me by Pamela Nelson and
Kristin Lee, the witnesses, this 21st day of May, 2014.

Tracey Beaver
Notary Signature

Notary Public,

In and for the County of Traill
State of North Dakota

My commission expires: January 28, 2019



Seal

Acknowledgment and Acceptance of Appointment as Attorney-in-Fact

I, MERCY B SPETH have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Mercy B Speth
Signature of Attorney-in-Fact

June 04, 2014
Date

Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact

I, _____ have read the attached power of attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Signature of Successor Attorney-in-Fact

Date



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, Idaho 83301-5858

Phone: (208) 736-3033 • Fax: (208) 736-3037 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

August 8, 2016

KERRY G SPETH
MERCY SPETH
4136 N JONES RD #A
OAK HARBOR WA 98277

RE: Assignment of Water Right Permit No(s). : 41-7066

Dear Water Right Holder(s):

The Department of Water Resources acknowledges receipt of the Assignment of Permit for the above referenced water rights. The Department has modified its records to reflect the change in ownership and has enclosed a computer-generated report for your records.

Please 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. Change reporting forms are available from any Department office.

Please contact our office at (208) 736-3033 if you have additional questions in this matter. Also, more information about water rights and other matters administered by this agency is available on the Internet at www.idwr.idaho.gov.

Sincerely,

Denise Maline
Administrative Assistant
Southern Region

Enclosure