

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

MAY 09 2016

DEPARTMENT OF  
WATER RESOURCES

# Notice of Change in Water Right Ownership

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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 75-14719              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Clifford & Dorothy Shaw  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Gail Shaw, Sandra Weiss and Jeffery Shaw  
New owner(s) as listed on the conveyance document
- Name connector ☐ and ☐ or ☐ and/or
- P.O. BOX 64 Rescue CA 95672  
Mailing address City State ZIP
- 916 213 7807 gailbetty@yahoo.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: 4/6/16

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: [Signature] Title, if applicable: \_\_\_\_\_ Date: 5.3.16
- Signature: [Signature] Title, if applicable: \_\_\_\_\_ Date: 5.3.16

## For IDWR Office Use Only:

Received by \_\_\_\_\_ Date 5-12-16 Receipt No. C102015 Receipt Amt. 25

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 [Signature] Date \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

**Notice of Change in Water Right Ownership**

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| Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? | Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 75-14719              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Clifford & Dorothy Shaw  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Gail Shaw, Sandra Weiss, Jeffrey Shaw  
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- P.O. BOX 64 Rescue CA 95072  
Mailing address City State ZIP
- 916 213 7807 gailbetty@yahoo.com  
Telephone E-mail

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: Apr 6, 2016
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: Sandra Weiss \_\_\_\_\_  
Signature of new owner/claimant Title, if applicable Date
- Signature: \_\_\_\_\_  
Signature of new owner/claimant Title, if applicable Date

**For IDWR Office Use Only:**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Receipt Amt. \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

## QUITCLAIM DEED

### FOR VALUE RECEIVED,

Gail Shaw, as Trustee of the Clifford D. and Karren D. Shaw Revocable Trust A,  
Dated January 1, 1999

do(es) hereby convey, release, remise and forever quitclaim unto

Gail Shaw, Sandra Weiss and Jeffery Shaw, as joint tenants with the right of  
Survivorship

whose current address is: P.O. Box 64 Rescue CA 95672

the following described premises:

A parcel of land located in the E 1/2, Section 18, T. 23 N., R. 22 E., Boise Meridian,  
Lemhi County, Idaho, more particularly described as follows:

Commencing at the C 1/4 Corner of said Section 18 from which the C-S 1/16  
Corner of Section 18 bears S 00°51'00" W, 1308.78 feet, the Basis of Bearing of this  
description, run thence S 00°51'00" W along the N-S centerline of said Section 18,  
159.80 feet to a point on the southerly right-of-way of Tower Creek Road;

Thence along said right-of-way the following courses:

S 85°04'17" E, 86.87 feet; N 89°26'01" E, 141.94 feet;

N 78°28'54" E, 176.13 feet; N71°14'20"E, 122.18 feet to the POINT OF

BEGINNING;

Continue thence along said right-of-way the following courses:

N 71°14'19" E, 58.38 feet; N 59°13'13" E, 204.48 feet;

321.69 feet along a curve to the right having a radius of 1264.80 feet, a central  
angle of 14°34'21" and a chord bearing N 66°30'23" E for 320.82 feet;

N 73°47'35" E, 106.37 feet;

Thence S 00°27'00" W leaving said right-of-way, 652.35 feet to a point in the  
center of Tower Creek;

Thence along the center of said Tower Creek the following courses:

S 25°20'13" W, 82.06 feet; N 55°57'31" W, 84.66 feet;

S 34°15'12" W, 70.21 feet; N 46°11'44" W, 36.40 feet;

S 64°14'41" W, 191.14 feet; S 69°29'17" W, 120.69 feet;

S 61°43'55" W, 91.02 feet; S 24°18'08" W, 66.07 feet;

N 89°16'09" W, 132.83 feet;

Thence leaving said creek N03°50'05"W, 359.00 feet;

Thence N86°09'55"E, 118.06 feet;

Thence N03°50'05"W, 292.47 feet to the POINT OF BEGINNING.

TO HAVE AND TO HOLD the said premises, unto the said grantees, heirs and assigns  
forever.

Dated: March 21, 2016

Gail Shaw



# All-purpose Acknowledgment California only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of

Amador

On

03/21/16

before me,

Donna Brena, Notary Public

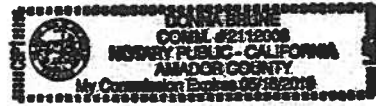
(here insert name and title of the officer),

personally appeared

Gail Shaw

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.



Notary Seal

WITNESS my hand  
and official seal.

Signature

Donna Brena

Description of Attached Document

Type or Title of Document

Quitclaim Deed

Document Date

03/21/2016

Number of Pages

-2-

Signer(s) Other Than Named Above

None

Scanner Enabled Stores should scan this form  
Manual Submission Route to Deposit Operations

DSG5350CA (Rev01-01/15)



FO01-000DSG5350CA-01

interests therein, pro rata to the beneficiary or beneficiaries receiving such distribution but may, in the exercise of the Trustee's discretion, make non-pro rata distributions, so long as the distributee or distributees receive assets of a value equal to the value of his or their respective interests in the Trust as of the time of distribution.

4.9 Successor Trustee: **CLIFFORD D. SHAW** shall act as Trustee. If **CLIFFORD D. SHAW** shall for any reason fail to qualify or cease to act as Trustee, then **GAIL S. SHAW** and **DOROTHY M. MCKINNEY SHAW** shall act as Successor Co-Trustees. If either one shall for any reason fail to qualify or cease to act as Successor Co-Trustee, then the other shall act as sole Successor Trustee.

In any event, a Successor Trustee may accept a predecessor's accounting without independent audit or examination upon the assumption of duties and shall not be liable for any loss sustained during or attributable to the period in which the predecessor served as Trustee. No bond shall be required of any natural person named as Co-Trustee or Sole Trustee pursuant to this Agreement. The Trustee shall be entitled to reasonable compensation.

4.10 Alternative Termination. No Trust created hereby, or by exercise of a power of appointment hereunder, shall continue for more than twenty-one (21) years after the death of the last to die of the Grantor and the beneficiaries in being at the death of the Grantor. Any property still held in Trust at the expiration of that period shall immediately be distributed to the persons then entitled to receive or have the benefit of the income therefrom in the proportions in which they are entitled thereto, or if their interests are indefinite, then in equal shares.

## 5. PROTECTION OF ESTATE:

5.1 Payment of Expenses and Taxes: The Trustee shall pay out of the Trust Estate all of Grantor's debts and expenses and all estate, transfer, succession, inheritance or other death taxes (other than generation-skipping taxes), together with interest and penalties thereon, assessed by reason of Grantor's death, whether attributable to property passing under this Trust or outside it, without proration among the persons interested in the Trust Estate or to whom any portion of it is or may be transferred or to whom any benefit accrues.

5.2 Collection of Intangibles: If the Grantor has no probate estate, the Trustee is authorized to apply for or demand, and to receive, hold administer and distribute as provided herein, any debt, claim, refund or rebate, premium, dividend or other thing of value belonging to or accruing to Grantor or estate thereof.

**DECLARATION OF DOROTHY McKINNEY SHAW  
DECLINING RIGHTS TO ACT AS SUCCESSOR CO-TRUSTEE TO THE  
CLIFFORD D. AND KARREN D. SHAW FAMILY TRUST A**

I, Dorothy M. McKinney Shaw, decline to act as Successor Co-Trustee of the Clifford D. and Karren D. Shaw Family Trust A established on July 10, 1998.

DATED: 9/25/15,  
2015

Dorothy M. McKinney Shaw  
DOROTHY M. McKINNEY SHAW

STATE OF IDAHO )

)

COUNTY OF LEMHI )

On the 25<sup>th</sup> day of September, 2015, before me Kayla Linger, a Notary Public, personally appeared DOROTHY M. McKINNEY SHAW, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity(ies), and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

IN WITNESS WHEREOF, I have set my hand and seal the day and year as above-written.

SEAL  
\_\_\_\_\_



Kayla Linger  
Notary Public for Idaho

Residing at: Salmon, id / us Bank

Commission Expires: January 21, 2020

**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 NOVEMBER 17, 2015

State File No. 2015-11194

|                                                                                                                                |                                                     |                                                                                |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>CLIFFORD D SHAW</b>                                                                                |                                                     |                                                                                |                                                                |
| SEX<br><b>MALE</b>                                                                                                             | SOCIAL SECURITY NUMBER<br>[REDACTED]                | AGE<br><b>74 YEARS</b>                                                         | DATE OF BIRTH<br><b>MARCH 23, 1941</b>                         |
| BIRTHPLACE<br><b>SACRAMENTO, CALIFORNIA</b>                                                                                    |                                                     | PLACE OF RESIDENCE<br><b>CARMEN, IDAHO</b>                                     |                                                                |
| MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>                                                                              |                                                     | NAME OF SURVIVING SPOUSE (If wife, maiden name)<br><b>DOROTHY MARIE WALKER</b> | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>NO</b>           |
| FATHER - NAME<br><b>EARL HENRY SHAW</b>                                                                                        |                                                     |                                                                                | BIRTHPLACE<br><b>MISSOURI</b>                                  |
| MOTHER - MAIDEN NAME<br><b>ALICE VIOLA HUBBARD</b>                                                                             |                                                     |                                                                                | BIRTHPLACE<br><b>CALIFORNIA</b>                                |
| METHOD OF DISPOSITION<br><b>REMOVAL FROM STATE</b>                                                                             |                                                     | FUNERAL SERVICE LICENSEE<br><b>TAMMY J. BOWERMAN</b>                           |                                                                |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>JONES &amp; CASEY FUNERAL HOME, SALMON, IDAHO</b>                                   |                                                     |                                                                                |                                                                |
| DATE OF DEATH<br><b>NOV. 13, 2015</b>                                                                                          | TIME OF DEATH<br><b>3:20 P.M.</b>                   | CITY, TOWN OR LOCATION OF DEATH<br><b>CARMEN, IDAHO</b>                        | COUNTY OF DEATH<br><b>LEMHI</b>                                |
| CAUSE OF DEATH (underlying cause last)<br><b>a RENAL CANCER</b>                                                                |                                                     |                                                                                | Approximate Interval Between Onset and Death<br><b>2 YEARS</b> |
| 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<br><b>NONE STATED</b> |                                                     |                                                                                | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>                         |
| MANNER OF DEATH<br><b>NATURAL</b>                                                                                              | NAME OF CERTIFIER<br><b>SAMUEL D. GARDNER, D.O.</b> |                                                                                | TITLE<br><b>PHYSICIAN</b>                                      |
| 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.

**NOVEMBER 17, 2015**

DATE ISSUED: \_\_\_\_\_

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

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR



THIS INSTRUMENT FILED FOR RECORD BY ALLIANCE  
TITLE & ESCROW CORP. AS AN ACCOMMODATION  
ONLY. IT HAS NOT BEEN EXAMINED AS TO ITS  
CORRECTNESS OR AS TO ITS EFFECT UPON THE TITLE.

## QUITCLAIM DEED

### FOR VALUE RECEIVED,

**Clifford D. Shaw and Dorothy M. Shaw, husband and wife**

do(es) hereby convey, release, remise and forever quitclaim unto

**Clifford D. Shaw, as Trustee of the Clifford D. and Karren D. Shaw Revocable Trust A, Dated January 1, 1999**

whose current address is: P.O. Box 7, Carmen, ID 83462

the following described premises:

A parcel of land located in the E 1/2, Section 18, T. 23 N., R. 22 E., Boise Meridian, Lemhi County, Idaho, more particularly described as follows:

Commencing at the C ¼ Corner of said Section 18 from which the C-S 1/16 Corner of Section 18 bears S 00°51'00" W, 1308.78 feet, the Basis of Bearing of this description, run thence S 00°51'00" W along the N-S centerline of said Section 18, 159.80 feet to a point on the southerly right-of-way of Tower Creek Road;

Thence along said right-of-way the following courses:

S 85°04'17" E, 86.87 feet; N 89°26'01" E, 141.94 feet;

N 78°28'54" E, 176.13 feet; N71°14'20"E, 122.18 feet to the POINT OF BEGINNING;

Continue thence along said right-of-way the following courses:

N 71°14'19" E, 58.38 feet; N 59°13'13" E, 204.48 feet;

321.69 feet along a curve to the right having a radius of 1264.80 feet, a central angle of 14°34'21" and a chord bearing N 66°30'23" E for 320.82 feet;

N 73°47'35" E, 106.37 feet;

Thence S 00°27'00" W leaving said right-of-way, 652.35 feet to a point in the center of Tower Creek;

Thence along the center of said Tower Creek the following courses:

S 25°20'13" W, 82.06 feet; N 55°57'31" W, 84.66 feet;

S 34°15'12" W, 70.21 feet; N 46°11'44" W, 36.40 feet;

S 64°14'41" W, 191.14 feet; S 69°29'17" W, 120.69 feet;

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N 89°16'09" W, 132.83 feet;

Thence leaving said creek N03°50'05"W, 359.00 feet;

Thence N86°09'55"E, 118.06 feet;

Thence N03°50'05"W, 292.47 feet to the POINT OF BEGINNING.

TO HAVE AND TO HOLD the said premises, unto the said grantees, heirs and assigns forever.

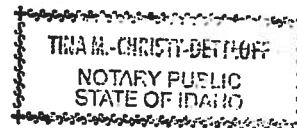
Dated: November 13, 2015

Clifford D. Shaw  
Clifford D. Shaw  
Dorothy M. Shaw  
Dorothy M. Shaw

State of Idaho } ss  
County of Lemhi }

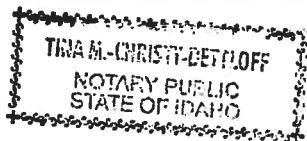
On this 13th day of November, 2015, before me, Tina M. Christy Dettloff, a Notary Public in and for said state, personally appeared Dorothy M. Shaw, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.  
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Tina M. Christy Dettloff  
Tina M. Christy Dettloff  
Notary Public for the State of Idaho  
Residing at: Salmon, ID  
Commission Expires: 4/5/2016



State of Idaho } ss.  
County of Lemhi }

On this 13th day of November, 2015, before me, Tina M. Christy Dettloff, a Notary Public in and for said state, personally appeared Dorothy M., Shaw known or identified to me to be the person(s) whose name(s) subscribed to the within instrument as Attorney-in-fact of Clifford D. Shaw, and acknowledged to me that she subscribed the name of Clifford D. Shaw as principal and his/her own name as Attorney-in-fact.  
IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.



Tina M. Christy Dettloff  
Notary Public for the State  
Residing at: SALMON, ID  
Commission Expires: 4/5/2016

RECEIVED

MAY 09 2016

DEPARTMENT OF  
WATER RESOURCES

GAIL S. SHAW  
P.O. Box 64  
Rescue, CA 95672  
916-213-7807  
gailbetty@yahoo.com

May 5, 2016

Jean Hersley  
IDWR State Office  
322 East Front Street  
6<sup>th</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0098

Re: Water Rights Claim No. 75-14719

Dear Jean – I talked to you yesterday about the change in water right ownership.

I am enclosing the Notice of Change in Water Right Ownership signed by myself and my brother, Jeff Shaw. My sister, Sandra Weiss, who is in Florida, will be faxing you her signature page.

I've also enclosed the following documents:

1. Death Certificate of my father, Clifford D. Shaw
2. Page of our family trust, naming myself as a successor co-trustee
3. Declaration of Dorothy McKinney Shaw declining to act as a successor co-trustee
4. Quitclaim Deed from Clifford and Dorothy to the trust
5. Quitclaim Deed from the trust to Gail Shaw, Jeff Shaw and Sandra Weiss

Please call me if you have any questions – 916-213-7807.

Very truly yours,

  
GAIL S. SHAW



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 • Web Site: [www.idwr.idaho.gov](http://www.idwr.idaho.gov)

GARY SPACKMAN  
Director

C.L. "BUTCH" OTTER  
Governor

May 16, 2016

GAIL SHAW  
SANDRA WEISS  
JEFFERY SHAW  
PO BOX 64  
RESCUE CA 95672

Re: Change of Ownership for Water Right/Permit No(s): 75-14719

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](http://www.idwr.idaho.gov).

If you have any questions concerning the enclosed information, please feel free to contact me at (208) 287-4942.

Sincerely,

A handwritten signature in black ink that reads "Jean Hersley". The signature is written in a cursive, flowing style.

Jean Hersley  
Technical Records Specialist II

Enclosure(s)

RECEIVED

MAY 12 2016

DEPARTMENT OF  
WATER RESOURCES

Jean -

I forgot to include the  
enclosed CK for water Right  
Application sent 5/6/16.

Permit # 75-14719.

Thanks -

Jane Shaw

5-6-2016 @ 10:36 Am -boxed

to: Jean Hersley

Re: Water Rights # 75-14719  
For Gail Shaw - 916 213 7807

from: Sandra Weiss - 407 666 3167

1 Pgs Attached.

boxed to  
208 287 6700