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Rev. 04/12

MAR 31 2016

\$25 fee per permit

Received by LM

Receipt amt \$ 25.00

Receipt no. 1031792

Date 03-28-16

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MAR 28 2016

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR / NORTH

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, Kathryn J Stepper, successor in interest
to Donald Stepper, hereby assign to Keith Stanley Wood
of 5584 NW 149th Ct. Portland, Or 97229 New owner(s)
New owner's address including city, state and ZIP Phone 503-840-4041

All my right, title, and interest in and to Permit No(s): 95-10029 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 7th day of January, 20 16

Kathryn J Stepper
Permit holder

Title (if applicable)

Permit holder

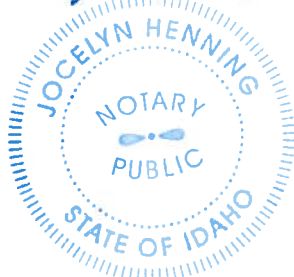
Title (if applicable)

State of Idaho

County of Kootenai

On this 7th day of January, 20 16, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he she they executed the same.

SEAL



Jocelyn Henning
Notary Public

My commission expires: 07-08-16

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho

CERTIFICATE OF DEATH

On or about the 11th day of December 2015, at the County of Kootenai, State of Idaho, died

Local Reg. No.

1. DECEASED'S LEGAL NAME (Include MA's First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
DONALD RUBEN STEPPER		MALE		[REDACTED]	
4. AGE (at death)		5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State, Territory, or Foreign Country)	
80 (Years)		10/29/1952		BREMERTON, WASHINGTON	
7. RESIDENCE - STATE OR FOREIGN COUNTRY		7a. COUNTY		7b. CITY OR TOWN	
IDAHO		KOOTENAI		POST FALLS	
7c. STREET AND NUMBER		7d. ZIP CODE		7e. INSIDE CITY LIMITS?	
4785 EAST KIT FOX LANE		83854		Yes ☐ No ☒	
8. MARRIAGE STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If none, give maiden name)			
☐ Married ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown ☒ No		KATHRYN JO HARPER			
10. DECEASED'S U.S. FATHER'S NAME (First, Middle, Last, Suffix)		11. BIRTHPLACE (State, Territory, or Foreign Country)		12. BIRTHPLACE (State, Territory, or Foreign Country)	
RUBEN STEPPER		NORTH DAKOTA		GERMANY	
13. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		14. RELATIONSHIP TO DECEASED		15. MAILING ADDRESS (Street and Number, City, State, ZIP Code)	
GERDA ANNELESE GLASER		WIFE		4785 EAST KIT FOX LANE POST FALLS, ID 83854	
16. DECEASED'S NAME (Type of print)		17. PLACE OF DEATH (Name and address of facility)		18. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
KATHRYN STEPPER		WASHINGTON STATE VETERANS' HOSPITAL 31502 WEST ESPANOLA ROAD MEDICAL LAKE, WASHINGTON 99022		BELL TOWER FUNERAL HOME AND CREMATORY 3388 EAST JENALAN STREET POST FALLS, IDAHO 83854	
19. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		20. LICENSE NUMBER (If known)		21. WAS CEMETERY CONTACTED?	
ELECTRONICALLY FILED: EVAN F. BROSELL		M1120		Yes ☐ No ☒	
22. PLACE OF DEATH (If not in a hospital)		23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH (Hour)	
HOSPICE HOUSE - HOSPICE OF NORTH DAKOTA		December 11, 2015		14:25	
25. CAUSE OF DEATH (If not in a hospital)		26. DATE PROMULGATED (Mo/Day/Yr) (Spell month)		27. COUNTY OF DEATH	
BRAIN MALIGNANCY		December 11, 2015		KOOTENAI	
28. PART I: LONG-TERM DISEASES (If not in a hospital)		29. PART II: SHORT-TERM DISEASES (If not in a hospital)		30. PART III: OTHER CAUSES (If not in a hospital)	
None		None		None	
31. DID TOBACCO USE CONTRIBUTE TO DEATH?		32. IF FEMALE (ages 15-44):		33. NUMBER OF DEATHS	
No		☐ Not pregnant within past year ☐ Not pregnant, but pregnant 45 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year		☒ Natural ☐ Accidental ☐ Suicide ☐ Pending investigation ☐ Could not be determined	
34. DATE OF INJURY (Mo/Day/Yr) (Spell month)		35. TIME OF INJURY (Hour)		36. PLACE OF INJURY (If not in a hospital)	
None		None		None	
37. LOCATION OF INJURY (If not in a hospital)		38. TYPE OF INJURY (If not in a hospital)		39. INJURY AT WORK?	
None		None		Yes ☐ No ☒	
40. DECEASED'S VEHICLE (If not in a hospital)		41. TYPE OF VEHICLE (If not in a hospital)		42. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
43. DECEASED'S VEHICLE (If not in a hospital)		44. TYPE OF VEHICLE (If not in a hospital)		45. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
46. DECEASED'S VEHICLE (If not in a hospital)		47. TYPE OF VEHICLE (If not in a hospital)		48. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
49. DECEASED'S VEHICLE (If not in a hospital)		50. TYPE OF VEHICLE (If not in a hospital)		51. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
52. DECEASED'S VEHICLE (If not in a hospital)		53. TYPE OF VEHICLE (If not in a hospital)		54. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
55. DECEASED'S VEHICLE (If not in a hospital)		56. TYPE OF VEHICLE (If not in a hospital)		57. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
58. DECEASED'S VEHICLE (If not in a hospital)		59. TYPE OF VEHICLE (If not in a hospital)		60. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
61. DECEASED'S VEHICLE (If not in a hospital)		62. TYPE OF VEHICLE (If not in a hospital)		63. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
64. DECEASED'S VEHICLE (If not in a hospital)		65. TYPE OF VEHICLE (If not in a hospital)		66. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
67. DECEASED'S VEHICLE (If not in a hospital)		68. TYPE OF VEHICLE (If not in a hospital)		69. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
70. DECEASED'S VEHICLE (If not in a hospital)		71. TYPE OF VEHICLE (If not in a hospital)		72. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
73. DECEASED'S VEHICLE (If not in a hospital)		74. TYPE OF VEHICLE (If not in a hospital)		75. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
76. DECEASED'S VEHICLE (If not in a hospital)		77. TYPE OF VEHICLE (If not in a hospital)		78. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
79. DECEASED'S VEHICLE (If not in a hospital)		80. TYPE OF VEHICLE (If not in a hospital)		81. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
82. DECEASED'S VEHICLE (If not in a hospital)		83. TYPE OF VEHICLE (If not in a hospital)		84. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
85. DECEASED'S VEHICLE (If not in a hospital)		86. TYPE OF VEHICLE (If not in a hospital)		87. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
88. DECEASED'S VEHICLE (If not in a hospital)		89. TYPE OF VEHICLE (If not in a hospital)		90. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
91. DECEASED'S VEHICLE (If not in a hospital)		92. TYPE OF VEHICLE (If not in a hospital)		93. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
94. DECEASED'S VEHICLE (If not in a hospital)		95. TYPE OF VEHICLE (If not in a hospital)		96. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
97. DECEASED'S VEHICLE (If not in a hospital)		98. TYPE OF VEHICLE (If not in a hospital)		99. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	
100. DECEASED'S VEHICLE (If not in a hospital)		101. TYPE OF VEHICLE (If not in a hospital)		102. TYPE OF VEHICLE (If not in a hospital)	
None		None		None	

This is a true and correct reproduction of the document officially registered and placed on file with the DAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: DEC 16 2015

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

JAMES B. AYDELOTTE
STATE REGISTRAR



DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that **DONALD R. STEPPER**, currently residing at Gig Harbor, Pierce County, State of Washington, does by these presents hereby make, constitute and appoint as his true and lawful Attorney-in-Fact, the individuals designated below on the terms and conditions hereinafter set forth.

1. DESIGNATION OF ATTORNEY IN FACT

X I hereby nominate and appoint **KATHRYN J. STEPPER** as my Attorney-in-Fact.

In the event Kathryn J. Stepper is unable or unwilling to act as my Attorney-in-Fact, I nominate **JEANINE C. HARPER** to so serve.

In the event Jeanine C. Harper is unable or unwilling to act as my Attorney-in-Fact, I nominate **RICHARD H. HARPER** to so serve.

2. POWERS:

The Attorney-in-Fact shall have the power to do all things with respect to the assets and liabilities of the Principal, real or personal, wherever located, as the Principal could do if present and competent. Further, the Attorney-in-Fact shall have full power to provide for the support, maintenance and health of the incompetent Principal. Said powers shall include, but not be limited, to the following:

- a. The power to lease, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any real or personal property whatsoever, tangible or intangible, or interest thereof, on such terms and conditions, and under such covenants, as said Attorney-in-Fact shall deem proper.
- b. The power to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgage, subject to deeds of trust, and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that the Principal now owns or may hereafter acquire, for him, on his behalf, and in his name and under

such terms and conditions, and under such covenants, as said Attorney-in-Fact shall deem proper.

- c. The power to conduct, engage in, and transact any and all lawful business of whatever nature or kind for the Principal, on his behalf, and in his name.
- d. The power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the Principal might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said Attorney-in-Fact, or their substitute or substitutes, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.
- e. The Attorney-in-Fact shall not have the power to revoke or change any documents of a trust and/or documents of a testamentary nature executed by the Principal, but shall have the power to revoke any community property agreement existing between the parties. The Attorney-in-Fact shall have all powers as are necessary for the orderly management of the Principal's assets and liabilities and all powers necessary or desirable to provide for the support, maintenance, health, emergencies, and urgent necessities of the Principal and to hire professional help and consultants.

3. MEDICAL CARE:

My Attorney-in-Fact shall have full power and authority to direct medical care and attention, hospital and other confinement and the power to give consent to medical treatment and operations in the name of the undersigned and to consent to the administering of drugs to the undersigned to the same extent as if the Attorney-in-Fact was appointed guardian of the person of said Principal acting under court order.

4. EFFECTIVENESS:

This Power of Attorney shall become effective immediately and shall continue in effect regardless of the disability or incompetence of the Principal. Disability shall include the inability to manage property and personal affairs for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

5. DURATION:

This durable Power of Attorney becomes effective as provided in Paragraph 4 hereof and shall remain in effect to the extent permitted by RCW 11.94.010 unless terminated as hereinbelow provided, notwithstanding any uncertainty as to whether the Principal is dead or alive.

6. REVOCATION:

This Power of Attorney may be revoked in writing by the Principal at any time unless the Principal is disabled or incompetent. The written notice shall be given to the designated Attorney-in-Fact as hereinabove set forth and by recording the written instrument of revocation with the office of the recorder or auditor of any counties where this document has been recorded, or where the Principal resides, or in which the Principal owns an interest in real property.

7. TERMINATION:

- a. By Appointment of Guardian. The appointment of a Guardian of the property of the Principal terminates this Power of Attorney.
- b. By Death of Principal. The death of the Principal shall be deemed to revoke the Power of Attorney upon proof of death being received by the Attorney-in-Fact.

8. ACCOUNTING:

When acting on behalf of the Principal, the Attorney-in-Fact shall keep accurate records of the Principal's financial affairs including documentation of all transactions in which the Attorney-in-Fact are involved. The Attorney-in-Fact may be required to account to any subsequently appointed Guardian of the estate of the Principal or to any subsequently appointed Personal Representative.

9. APPOINTMENT OF A GUARDIAN:

In the event that a Guardian of the person or estate, or both, shall be required for the Principal, the Principal hereby nominates the Attorney-in-Fact as his guardian, and encourages the court petitioned to accept for such appointment the Attorney-in-Fact if he is the petitioner.

10. RELIANCE:

The designated and acting Attorney-in-Fact and all persons dealing with the Attorney-in-Fact shall be entitled to rely upon this Power of Attorney so long as neither the Attorney-in-Fact nor the persons with whom they were dealing at the time of any act taken pursuant to this Power of Attorney had received actual knowledge or actual notice of the revocation or termination of the Power of Attorney by death or otherwise and any action so taken unless otherwise invalid or unenforceable shall be binding on the heirs, devisee, legatees or personal representative of the party-Principal.

11. HARMLESS:

The estate of the Principal shall hold harmless and indemnify the Attorney-in-Fact from any and all liability for acts done in good faith and not in fraud on behalf of the Principal.

12. APPLICABLE LAWS:

The laws of the State of Washington shall govern this Power of Attorney.

13. DEFINITIONS:

Unless some other meaning and intent is apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

14. EXECUTION:

This Power of Attorney is signed on this 8 day of Jan., 2001, to become effective as provided in Paragraph 4.

Donald R. Stepper
DONALD R. STEPPER

STATE OF WASHINGTON)
)
COUNTY OF PIERCE)

ss.

On this day personally appeared before me DONALD R. STEPPER, to me known to

be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

²⁰⁰¹
~~2000~~ GIVEN under my hand and official seal this 8th day of January.

Deborah A. Long
NOTARY PUBLIC in and for the State of
Washington, residing at: Spokane, WA
My commission expires: 9-8-04



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

April 13, 2016

KEITH STANLEY WOOD
5584 NW 149TH COURT
PORTLAND OR 97229

RE: Assignment of Permit for Water Right No. 95-10029

Dear Permit Holder:

The department acknowledges receipt of the assignment of permit for the above referenced water right to you. 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 office of the department.

Please feel free to contact this office if you have any questions regarding this matter.

Sincerely,

Darla Block
Technical Records Specialist

Enclosure(s)