

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

**Notice of Change in Water Right Ownership**

RECEIVED

NOV 12 2014

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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 95-10945              | 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: Kenneth Hayes  
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Terry A. Kiefer  
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

16846 N. Reservoir Rd. Rathdrum ID 83858  
Mailing address City State ZIP

208-687-0822 ta.kiefer@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: \_\_\_\_\_.

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: Terry A. Kiefer \_\_\_\_\_ 11-11-2014  
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 [Signature] Date 11/12/14 Receipt No. NO30948 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 \_\_\_\_\_ Date \_\_\_\_\_

## QUITCLAIM DEED

FOR VALUE RECEIVED, 110,000.00 [Grantor] does hereby convey, release, remise and forever quit claim unto Terry A. Kiefer whose current address is: 16846 N. Reservoir Road, Rathdrum ID 83858, the following described premises:

16752 North Reservoir Road, Rathdrum, ID 83858, bounded and legally described as:

LEGAL DESCRIPTION:

PARK RIDGE, Lot 1, Block 1, Section 25, Township 52 North, Range 5 West, Kootenai County

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

Date: 9/3/2013

By: Robert K. Hayes  
[Grantor's Name]

State of Washington )  
                                  ) S.S.  
County of Whatcom )

On this 3<sup>rd</sup> day of September, in the year 2013, before me

Eric A. Smith, personally appeared Robert K. Hayes, 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 that he(she)(they) executed the same.



[Signature]  
Notary Public

My Commission Expires on 10/29/2016

RECEIVED

DEC 22 2014

DEPARTMENT OF  
WATER RESOURCES

## CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. **I-1**

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DECEASED                                                   | * 1. DECEDENT'S LEGAL NAME (Include AKA if any) (First, Middle, Last, Suffix)<br><b>Kenneth Dean Hayes</b>                                                                                                                                                                                                                                                                                    |                                                                           | 2. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                     | 3. SOCIAL SECURITY NUMBER<br><b>540-22-6528</b>                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 4a. AGE - Last Birthday<br><b>84</b> (years)                                                                                                                                                                                                                                                                                                                                                  | 4b. UNDER 1 YEAR<br>Months: _____ Days: _____ Hours: _____ Minutes: _____ | 5. DATE OF BIRTH (Mo/Day/Yr)<br><b>July 31, 1926</b>                                                                                                                                                                                                                                                                                                                      | 6. BIRTHPLACE (City and State, Territory, or Foreign Country)<br><b>Toledo, Oregon</b> |                                                                                                                                                                                                                                                                         |
| MORTICIAN: Complete/Verify and File Within 5 Days of Death | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY<br><b>Idaho</b>                                                                                                                                                                                                                                                                                                                                      |                                                                           | 7b. COUNTY<br><b>Kootenai</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 7c. CITY OR TOWN<br><b>Rathdrum</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                           | 7d. STREET AND NUMBER<br><b>15026 Coeur d'Alene Street</b>                                                                                                                                                                                                                                                                                                                | 7e. APT. NO.<br><b>83858</b>                                                           |                                                                                                                                                                                                                                                                         |
| PARENTS                                                    | 8. MARITAL STATUS AT TIME OF DEATH<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown                                                                                                                  |                                                                           | 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)<br><b>None</b>                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 10. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                         |                                                                           | 11a. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>England</b>                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                                                                                                                                                                         |
| INFORMANT                                                  | 11b. FATHER'S NAME (First, Middle, Last, Suffix)<br><b>Herbert L. Hayes</b>                                                                                                                                                                                                                                                                                                                   |                                                                           | 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)<br><b>Lydia Jane Towsley</b>                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 13a. INFORMANT'S NAME (Type or print)<br><b>Bob Hayes</b>                                                                                                                                                                                                                                                                                                                                     |                                                                           | 13b. RELATIONSHIP TO DECEDENT<br><b>Son</b>                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                                                                                                                                                                                                                                         |
| DISPOSITION                                                | 14. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify): _____                                                                                                                  |                                                                           | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><b>Yates Crematory<br/>744 North 4th Street<br/>Coeur d'Alene, ID 83814</b>                                                                                                                                                                                                            |                                                                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><b>Yates Funeral Home<br/>744 North 4th Street<br/>Coeur d'Alene, ID 83814</b>                                                                                                                                                                                                                                                           |                                                                           | 17a. LICENSE NUMBER (Of licensee)<br><b>M-832</b>                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                         |
| PLACE OF DEATH                                             | 18a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____                                      |                                                                           | 18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____                                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 19. FACILITY NAME (If not facility, give street and number)<br><b>Kootenai Medical Center</b>                                                                                                                                                                                                                                                                                                 |                                                                           | 20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE<br><b>Coeur d'Alene 83814</b>                                                                                                                                                                                                                                                                                          |                                                                                        | 21. COUNTY OF DEATH<br><b>Kootenai</b>                                                                                                                                                                                                                                  |
| DATE OF DEATH                                              | 22. DATE OF DEATH (Mo/Day/Yr) (Spell month)<br><b>January 2, 2011</b>                                                                                                                                                                                                                                                                                                                         |                                                                           | 23. TIME OF DEATH<br><b>0855</b> (24hr)                                                                                                                                                                                                                                                                                                                                   |                                                                                        | 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)<br><b>January 2, 2011</b>                                                                                                                                                                                            |
|                                                            | 25. TIME OF DEATH<br><b>0855</b> (24hr)                                                                                                                                                                                                                                                                                                                                                       |                                                                           | 26. TIME PRONOUNCED DEAD<br><b>0855</b> (24hr)                                                                                                                                                                                                                                                                                                                            |                                                                                        |                                                                                                                                                                                                                                                                         |
| 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.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Cardiac Arrest</b> |                                                                           |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | Approximate Interval Onset to Death<br><b>1 hour</b>                                                                                                                                                                                                                    |
|                                                            | SEQUENTIALLY list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) → <b>ASVD</b>                                                                                                                                                                                                   |                                                                           |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | <b>13 + yrs</b>                                                                                                                                                                                                                                                         |
| ITEMS 12-19 TO BE USED FOR EXTERNAL CAUSE ONLY             | PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I<br><b>COPD, Hypertension, Spinal Stenosis</b>                                                                                                                                                                                                                     |                                                                           |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | 28a. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                   |
|                                                            | 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                         |
| CERTIFIER                                                  | 29. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                            |                                                                           | 30. IF FEMALE (Aged 18-54):<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year |                                                                                        | 31. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined |
|                                                            | 32. DATE OF INJURY (Mo/Day/Yr) (Spell month)                                                                                                                                                                                                                                                                                                                                                  |                                                                           | 33. TIME OF INJURY<br><b>0855</b> (24hr)                                                                                                                                                                                                                                                                                                                                  |                                                                                        | 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)                                                                                                                                                          |
| REGISTRAR                                                  | 35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____                                                                                                                                                                                                                                                                                                                  |                                                                           | 36. 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                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 37. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____                                                                                                                                                                                                                                                                           |                                                                           | 38a. WAS DECEDENT Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> What safety device(s) did decedent use/employ?<br><input type="checkbox"/> Seat Belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown             |                                                                                        |                                                                                                                                                                                                                                                                         |
| FLOOR PLAN                                                 | 39a. CERTIFIER (Check only one, based on official capacity for this certificate)<br><input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE<br>- To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>obvious</u> cause(s)/manner stated.             |                                                                           | 39b. LICENSE NUMBER<br><b>M-7702</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 39c. CORONER<br>- 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.<br>(Signature and Title of Certifier) <b>Dr. Jessy Lorion</b>                                                                                                                                                      |                                                                           | 39d. DATE SIGNED<br><b>01/03/2011</b><br>MM DO YYYY                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                                                                                                                                                                                                                                                         |
| FLOOR PLAN                                                 | 40a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)<br><b>Dr. Jessy Lorion, 1110 Ironwood Drive, Coeur d'Alene, Idaho 83814</b>                                                                                                                                                                                                                                                     |                                                                           | 40b. REGISTRAR'S SIGNATURE<br><b>Jane S. Smith</b>                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                                                                                                                                                                                                                                         |
|                                                            | 40c. DATE SIGNED<br><b>01/05/2011</b><br>MM DO 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:

JAN 05 2011

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

JANE S. SMITH  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Compose

Inbox (9)  
 Drafts (12)  
 Sent  
 Spam (19)  
 Trash (23)

✓ Folders  
 Lyonsess

✓ Smart Views  
 Unread  
 Starred  
 People  
 Social  
 Shopping  
 Finance  
 Recent

Sponsored



Williams Interactive Best Casino

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
 IDAHO DEPARTMENT OF HEALTH AND WELFARE  
 BUREAU OF HEALTH POLICY AND VITAL STATISTICS

**CERTIFICATE OF DEATH**

ONLY A COPY OF THIS CERTIFICATE, CERTIFIED BY THE CLERK OF THE COUNTY WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THE DEATH OF A PERSON (IN-STATE AND OUT-STATE). DATED 01/01/01

Local Reg. No. 1

**DECEDENT**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)  
**Doris Lucille Hayes**

2. SEX  
**Female**

3. SOCIAL SECURITY NUMBER  
**518-21**

4a. AGE-Last Birthday **81** (Years) 4b. UNDER 1 YEAR 4c. UNDER 1 DAY 4d. DATE OF BIRTH (Mo/Day/Yr)  
**July 28, 1925**

5. BIRTHPLACE (City and State, Territory)  
**Rathdrum, Idaho**

6. RESIDENCE - STATE OR FOREIGN COUNTRY 7a. COUNTY 7b. CITY OR TOWN  
**Idaho Kootenai Rathdrum**

7c. STREET AND NUMBER 7d. APT. NO. 7e. ZIP CODE  
**15028 Coeur d'Alene Street 83858**

8. MARITAL STATUS AT TIME OF DEATH  
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown  
**Kenneth Hayes**

9. SURVIVING SPOUSE'S NAME (If wife, give name)  
**Kenneth Hayes**

10. EVER IN U.S. ARMED FORCES?  
☐ Yes ☒ No

11a. FATHER'S NAME (First, Middle, Last, Suffix)  
**William Kiefer**

11b. BIRTHPLACE (State, Territory)  
**Idaho**

12a. MOTHER'S MARRIAGE NAME (First, Middle, Last, Suffix)  
**Myrtle Howell**

12b. BIRTHPLACE (State, Territory)  
**Idaho**

13a. INFORMANT'S NAME (Type or print)  
**Kenneth Hayes**

13b. RELATIONSHIP TO DECEDENT  
**Husband**

13c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)  
**P.O. Box 44 Rathdrum, Idaho 83858**

14. METHOD OF DISPOSITION  
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)  
**Pinegrove Cemetery Rathdrum, Idaho 83858**

15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)  
**Pinegrove Cemetery Rathdrum, Idaho 83858**

16. NAME AND COMPLETE ADDRESS OF FUNERAL HOME  
**Yates Funeral Home 744 North 4th Street Coeur d'Alene, Idaho 83814**

17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH  
**Craig Ziegler**

17b. LICENSE NUMBER (Of licensee)  
**M-813**

18. MAIL CODE  
**0**

19. PLACE OF DEATH (19-22)  
☒ 19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ D.O.A. ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)  
**Kootenai Medical Center Coeur d'Alene, 83814**

20. FACILITY NAME (If not facility, give street and number)  
**Kootenai Medical Center Coeur d'Alene, 83814**

21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE  
**Coeur d'Alene, 83814**

22. DATE OF DEATH (Mo/Day/Yr) (Specify month)  
**March 04, 2007**

23. TIME OF DEATH  
**2358 (24hr)**

24. DATE ANNOUNCED DEAD (Mo/Day/Yr) (Specify month)  
**March 04, 2007**

25. 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) → **Metastatic Cancer (primary unknown)**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:  
**Dementia, DMII**

26. DID TOBACCO USE CONTRIBUTE TO DEATH?  
☐ Yes ☐ Probably ☒ No ☐ Unknown

27. IF FEMALE (Aged 18-44):  
☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days of death

28. MANNER OF DEATH  
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Could not

29. DATE OF INJURY (Mo/Day/Yr) (Specify month)  
**March 04, 2007**

30. TIME OF INJURY  
**2358 (24hr)**

31. PLACE OF INJURY (Decedent's home, farm, street, construction site, running home, restaurant, forest, etc.)  
**Coeur d'Alene, 83814**

32. LOCATION OF INJURY: State \_\_\_\_\_ City/Town or County \_\_\_\_\_ Zip Code \_\_\_\_\_

33. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, truck, etc.)  
**State \_\_\_\_\_ City/Town or County \_\_\_\_\_ Zip Code \_\_\_\_\_**

34. TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify)  
☐ Driver/Operator ☐ Passenger

35. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?  
☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag

36. CERTIFIER (Check only one, based on official capacity for this certificate)  
☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) as 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  
**Dr. Jessy Lorion, 1110 Ironwood Drive, Coeur d'Alene, Idaho 83814**

37. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.

38. SIGNATURE OF REGISTRAR  
**Debra K. Hayes**

39. DATE SK  
**03/04/07**

40. DATE SK  
**03/04/07**

41. DATE SK  
**03/04/07**

42. DATE SK  
**03/04/07**

43. DATE SK  
**03/04/07**

44. DATE SK  
**03/04/07**

45. DATE SK  
**03/04/07**

46. DATE SK  
**03/04/07**

47. DATE SK  
**03/04/07**

48. DATE SK  
**03/04/07**

49. DATE SK  
**03/04/07**

50. DATE SK  
**03/04/07**

51. DATE SK  
**03/04/07**

52. DATE SK  
**03/04/07**

53. DATE SK  
**03/04/07**

54. DATE SK  
**03/04/07**

55. DATE SK  
**03/04/07**

56. DATE SK  
**03/04/07**

57. DATE SK  
**03/04/07**

58. DATE SK  
**03/04/07**

59. DATE SK  
**03/04/07**

60. DATE SK  
**03/04/07**

61. DATE SK  
**03/04/07**

62. DATE SK  
**03/04/07**

63. DATE SK  
**03/04/07**

64. DATE SK  
**03/04/07**

65. DATE SK  
**03/04/07**

66. DATE SK  
**03/04/07**

67. DATE SK  
**03/04/07**

68. DATE SK  
**03/04/07**

69. DATE SK  
**03/04/07**

70. DATE SK  
**03/04/07**

71. DATE SK  
**03/04/07**

72. DATE SK  
**03/04/07**

73. DATE SK  
**03/04/07**

74. DATE SK  
**03/04/07**

75. DATE SK  
**03/04/07**

76. DATE SK  
**03/04/07**

77. DATE SK  
**03/04/07**

78. DATE SK  
**03/04/07**

79. DATE SK  
**03/04/07**

80. DATE SK  
**03/04/07**

81. DATE SK  
**03/04/07**

82. DATE SK  
**03/04/07**

83. DATE SK  
**03/04/07**

84. DATE SK  
**03/04/07**

85. DATE SK  
**03/04/07**

86. DATE SK  
**03/04/07**

87. DATE SK  
**03/04/07**

88. DATE SK  
**03/04/07**

89. DATE SK  
**03/04/07**

90. DATE SK  
**03/04/07**

91. DATE SK  
**03/04/07**

92. DATE SK  
**03/04/07**

93. DATE SK  
**03/04/07**

94. DATE SK  
**03/04/07**

95. DATE SK  
**03/04/07**

96. DATE SK  
**03/04/07**

97. DATE SK  
**03/04/07**

98. DATE SK  
**03/04/07**

99. DATE SK  
**03/04/07**

100. DATE SK  
**03/04/07**

## **KENNETH AND DORIS HAYES FAMILY TRUST**

This Trust Agreement is made by Kenneth Hayes and Doris L. Hayes, husband and wife, of Kootenai County, State of Idaho hereinafter referred to as the GRANTORS and TRUSTEES.

The Grantors convey, transfer, assign, set over, and deliver to the Trustee the property itemized on the INVENTORY attached hereto and incorporated by reference; and

All of this property, together with other property that may be added to this Trust by the Grantors, or either of them, or other person(s), shall constitute the Trust Estate and shall be held, managed, and distributed by the Trustees as provided below.

The Grantors hereby revoke any prior trusts that may have executed by the Grantors.

This Trust shall be known as the Kenneth and Doris Hayes Family Trust.

The number that shall be used for tax purposes regarding this Trust is 540 22 6528.

The parties mutually agree as follows:

### **ARTICLE I**

The Grantors reserves the right to:

1. Direct the distribution of net income and principal from the Trust Estate.
2. Add other property acceptable to the trustee to the Trust Estate.
3. Amend this Agreement in any respect.
4. Revoke this Trust entirely, or withdraw at any time or from time-to-time any part of the Trust Estate.
5. Direct the Trustee in writing, from time-to-time, to invest and re-invest the Trust funds, or any part thereof, as the Grantors may designate.

### **ARTICLE II**

Distribution from the Trust Estate:

1. The Trustee shall pay to the Grantors, or their order, so much of the net income or principal, or both, as the Grantors shall direct.
2. During the period in which the Grantors, whether because of illness or for any other reason, are determined to be incapable of managing financial affairs, Robert K. Hayes shall be appointed Successor Trustee and may, in his discretion, discontinue any payments being

made under Article II, paragraph 1 of this Trust. The determination of incapacity shall be made by a physician after examination of the Grantors. The determination shall be in writing, and must find that the Grantors are incapable of making or communicating responsible decisions about their property.

3. The Successor Trustee is hereby authorized during such period to distribute to the Grantors, or for their benefit, as much of the net income or principal, or both, as the Successor Trustee deems best for the maintenance, education, support and health of the Grantors.
4. Upon the death of either of the Grantors, the Trust shall continue for the benefit of the surviving spouse, who shall have all the powers of the Grantors as indicated in this Agreement, and shall act as the remaining Trustee, with all the powers indicated in this Agreement.
5. \*Except in the case of the Grantors' beneficial interest, neither the principal nor the income of any trust herein created shall be liable for the debts of any beneficiary, nor shall the same be subject to seizure by any creditor of any beneficiary under the writ of proceedings at law or in equity, nor bankruptcy proceedings, nor other legal process. Except in the case of the Grantors' beneficial interest, no beneficiary shall have the power to sell, assign, transfer, encumber or in any other manner to anticipate disposition of his or her interest in the trust estate or the income produced thereby.
6. Upon the death of the survivor Grantor or disability of both Grantors (as described above), Robert K. Hayes shall be appointed Successor Trustee and shall have all the powers of a Trustee. Robert K. Hayes shall pay the debts, obligations, and expenses of the last illness of the surviving Grantor. Thereafter, the Successor Trustee shall terminate this Trust after paying over and delivering the whole of said Trust Estate then remaining, including all accumulated and accrued income to Robert K. Hayes and Linda I. McCormich.

If any of the above persons should predecease either Grantor, then his/her share shall be distributed to his/her surviving spouse and his/her living children, in equal shares.

### **ARTICLE III**

1. To carry out the purposes of the Trust created under this Declaration of Trust, and subject to any limitations stated elsewhere herein, the Trustee is vested with all of the powers and authority as set forth in the Uniform Trustees' Powers Act of Chapter 1, Title 68 of the Idaho Code, as now in effect, and as it may be hereafter amended.
2. All receipts and expenditures shall be administered by the Trustee, and allocated as to income and principal, as provided in the Uniform Principal and Income Act of Chapter 10, Title 68 of the Idaho Code, as now in effect, and as it may hereafter be amended.
3. For the period of time during which both Grantors are the Trustees, each Trustee is authorized to act individually, independently, and without the consent of the other Trustee for all purposes related to the Trust.

4. The Successor Trustee shall receive reasonable compensation for services as a Trustee.
5. In the event that Robert K. Hayes is unwilling or unable to serve as Successor Trustee, then Linda I. McCormich of Dundee, Oregon shall serve as Successor Trustee and shall have all the powers of a Trustee.
6. Notwithstanding any other Trust provision to the contrary, the Trustee (or Successor Trustee) shall have the authority to make gifts, provided that due care is given to the Grantors' future needs regarding health, education and welfare or the possibility of incapacity or disability. The Trustee has the authority to make gifts to him/herself or his/her family. Gifting for the purpose of establishing eligibility for public benefits shall be considered a reasonable option to provide care for the Grantors' future needs.

DATED November 8, 2004

Kenneth Hayes  
Kenneth Hayes  
Grantor & Trustee

DATED November 8, 2004

Doris L. Hayes  
Doris L. Hayes  
Grantor & Trustee

STATE OF Idaho )  
 )ss.  
County of Kootenai )

On this 8th day of November, 2004, before me, the undersigned, a Notary Public in and for said State, personally appeared Kenneth Hayes and Doris L. Hayes, husband and wife, known to me to be the persons whose names are subscribed to the within instrument, and acknowledge to me that they executed the same.

Sheryl Wytchak  
Notary Public  
Residing at Coeur d'Alene  
My commission expires: 2-7-2010

