

DEV ✓

RECEIVED
JUN 12 2014
DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
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.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
85-15436	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

Kevin & Tammy Hasenoehr
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

Robbi Falls

New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or

33698 Slickpoo Rd
Mailing address

Caldesac
City

ID 83524
State ZIP

208.843.2583
Telephone

robnidaho@gmail.com
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: 8.18.2014

6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:

- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
- If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
- New lessor(s) of record will receive payment after the following rental season.

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.

8. Signature:

Robbi Falls
Signature of new owner/claimant

Title, if applicable

6.9.2014
Date

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only

Received by

A

Date

06/12/14

Receipt No.

CM98985

Receipt Amt.

\$25⁰⁰

Approved by

Processed by

Date

14791
719853

WARRANTY DEED

FOR VALUE RECEIVED, the Grantors, **KEVIN J. HASENOEHRL** and **TAMMY J. HASENOEHRL**, husband and wife, do hereby grant, bargain, sell and convey unto **WILLIAM R. FALLS** and **ROBBI D. FALLS**, husband and wife, the Grantee, whose address is:

33698 Slickpoo Road, Culdesac, ID 83524

the following described premises situate in Nez Perce County, State of Idaho, to wit:

The Southwest Quarter of the Northeast Quarter of Section 8, Township 34 North, Range 3 West of the Boise Meridian, records of Nez Perce County, Idaho.

RESERVING unto Grantors, their heirs and assigns, an easement for ingress and egress over, along and across the hereinabove described real property for the purpose of providing access to the following described real property:

Government Lots 10, 11, 12, 21, 22, 23, 24 and the East Half of Government Lot 28, in Section 8, Township 34 North, Range 3 W.B.M.

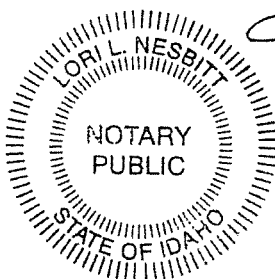
Said Easement set forth above shall apply to the Grantors and their heirs and assigns. Said Easement shall be appurtenant to the last hereinabove described real property and shall run with the land.

TOGETHER WITH an Easement for ingress and egress to and from County Road No. 566, also known as Slickpoo Road, to and from Government Lots 13 and 14 in Section 8, Township 34 North, Range 3 W.B.M., over, along and across that certain real property as described in that certain Easement from Grace Adell Bundy and Kathleen Ellen Hasenoehrl, as Trustees of the Myrtle R. Bundy Trust "B" created under the Last Will and Testament of Myrtle R. Bundy, deceased, and Grace Adell Bundy and Kathleen Ellen Hasenoehrl, as Trustees of the Myrtle R. Bundy Trust "C" created under the Last Will and Testament of Myrtle R. Bundy, deceased, and Grace Adell Bundy and Kathleen Ellen Hasenoehrl, as Personal

Representatives of the Estate of Gordon G. Bundy, deceased, to
 Grantors herein, recorded the 14th day of July,
 2005. As instrument number 719852

TO HAVE AND TO HOLD the said premises, with their appurtenances, unto the said
 Grantees, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the
 said Grantees that they are the owners in fee simple of said premises; that the premises are free from
 all encumbrances, and that they will warrant and defend the same from all lawful claims whatsoever
 except general taxes and assessments for the year 2005, all rights of way for public utilities and public
 roads as the same now exists over and across the herein described property, and the reservation of
 easement set forth above and easements, reservations, restrictions and rights-of-way of record or in
 use.

DATED this 8th day of July, 2005.



Kevin J. Hasenoehrl
 KEVIN J. HASENOEHRL

Tammy J. Hasenoehrl
 TAMMY J. HASENOEHRL

STATE OF IDAHO)
 COUNTY OF NEZ PERCE) ss.

I hereby certify that the foregoing instrument is a full, true and correct copy of the
 original on file in the office of the undersigned Clerk of the District Court and Ex-
 Officio Auditor & Recorder in Warranty Deed # 719853

PATTY O. WEEKS

Clerk of the District Court and
 Ex-Officio Auditor & Recorder,
 Nez Perce County, Idaho

R. Lewis Deputy

INST. NO. 719853
 FILED FOR RECORD

FEES 9.00 REG. BY LAND TITLE

2005 JUL 14 P 12:31

PATTY O. WEEKS
 RECORDER, NEZ PERCE CO ID

BY R. Lewis DEPUTY

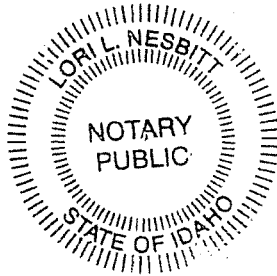
8/5/2013 -2-

719853

State of Idaho
County of Nez Perce

On this 8th day of July, 2005, before me,
the undersigned Notary, personally appeared Kevin J. Hasenoehr
and Tammy J. Hasenoehr, known or identified to me to be the
person whose name are subscribed to the within instrument and
acknowledged to me that they executed the same.

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



[Signature]
Notary Public for the State of Idaho
Residing at Lewiston, Idaho
My Commission Expires: 3-16-08

1 AFFT
 2 ROBERT L. MORRIS, ESQUIRE
 3 Nevada Bar No. 9129
 4 GRANT MORRIS DODDS, PLLC
 5 2520 St. Rose Parkway, Suite 319
 6 Henderson, NV 89074
 7 Telephone: (702) 938-2244
 8 Fax: (702) 938-2246
 9 bob@gmlegal.com
 10 Attorneys for the ROBBI FALLS

11 **AFFIDAVIT IN SUPPORT OF SURVIVING SPOUSE'S COMMUNITY PROPERTY**
 12 **INTEREST**

13 STATE OF NEVADA)
 14) ss.
 15 COUNTY OF CLARK)

16 ROBERT L. MORRIS, ESQ., being first duly sworn, deposes and says:

17 1. I am legal counsel for ROBBI FALLS, Personal Representative of the estate of
 18 WILLIAM R. FALLS. I am familiar with the facts and circumstances with regards to the
 19 community property interests of ROBBI FALLS and I am competent to testify from personal
 20 knowledge.

21 2. ROBBI D. FALLS and WILLIAM R. FALLS were married on April 21, 1990 in
 22 Clark County, Nevada.

23 3. Neither ROBBI D. FALLS nor WILLIAM R. FALLS had children from a prior
 24 marriage and there were no children born to ROBBI D. FALLS and WILLIAM R. FALLS.

25 4. ROBBI D. FALLS and WILLIAM R. FALLS started and worked together in a
 26 successful auto body repair business in Clark County, Nevada for over three decades.

27 5. ROBBI D. FALLS and WILLIAM R. FALLS considered all property to be their
 28 joint community property.

29 6. ROBBI D. FALLS and WILLIAM FALLS were residence of the State of Nevada
 30 and all property acquired during their marriage was considered community property by operation
 31 of law of the State of Nevada.

32 7. ROBBI D. FALLS and WILLIAM R. FALLS purchased real property commonly
 33 known as 33698 Slickpoo Road, Culdesac, Idaho 83524 on or about July 14, 2005. See copy of
 34 Warranty Deed attached hereto as Exhibit "1".

STATE OF ALASKA

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA



TYPE/PRINT
IN
PERMANENT
BLACK INK

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
P.O. BOX 110675
JUNEAU, AK 99811-0675

150 13001086
STATE FILE NUMBER

DATE RECEIVED
APR 29 2013
04/16/2013

BIRTH CERTIFICATE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)
William Royce Falls

1a. MAIDEN NAME

2. SEX
Male

3. DATE OF DEATH (Month, Day, Year)
04/16/2013

4. SOCIAL SECURITY NUMBER

5a. AGE - Last Birthday (Years)
60

5b. UNDER 1 YEAR
Months Days

5c. UNDER 1 DAY
Hours Minutes

6. DATE OF BIRTH (Month, Day, Year)
September 13, 1952

7. BIRTHPLACE (State or Foreign Country)
Florida

DECEDENT

8. STATE OF DEATH
ALASKA

HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER

9a. PLACE OF DEATH (Check only one; see instructions on attached sheet)

☐ Nursing Home ☐ Residence ☒ Other (Specify) **Shotgun Hills Guide Camp**

9b. FACILITY NAME (If not institution, give street and number)
N 60 36.307, W 157 59.850

9c. CITY, TOWN, OR LOCATION OF DEATH
Dillingham

10. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ UNKNOWN

11. SURVIVING SPOUSE (If wife, give maiden name)
Robbi Denise Ward

SEE INSTRUCTIONS
ON ATTACHED SHEET

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)
Owner/President

12b. KIND OF BUSINESS/INDUSTRY
Auto Body Repair

13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
☒ YES ☐ NO ☐ UNKNOWN

14a. RESIDENCE - STATE
Nevada

14b. CITY, TOWN, OR LOCATION
Las Vegas

14c. STREET AND NUMBER
7820 West Shelbourne Avenue

14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY?

14e. ZIP CODE
89113

15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.)
☒ YES ☐ NO ☐ YES Specify:

16. RACE - Filipino, Black, Alaska Native, White, etc.
Specify: **White**

17. DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12) **12** College (14 or 5+)

PARENTS

18. FATHER'S NAME (First, Middle, Last)
Miles Falls

19. MOTHER'S NAME (First, Middle, Maiden Surname)
Inez Hazellief

INFORMANT

20a. INFORMANT'S NAME (First, Middle, Last)
Robbi Denise Falls

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
33698 Slickpool Road, Culdesac, Idaho 83524

20c. RELATIONSHIP TO DECEDENT
Wife

DISPOSITION

21a. METHOD OF DISPOSITION
☐ Burial ☒ Cremation ☐ Removal from State

21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Janssen's Alaska Cremation Center

21c. LOCATION - City, Town, State
Anchorage, Alaska

SEE DEFINITION
ON ATTACHED SHEET

22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
[Signature]

22b. NAME AND ADDRESS OF FACILITY
**Janssen Funeral Homes, Inc
PO Box 100537, Anchorage, Alaska 99510**

PRONOUNCING OFFICIAL ONLY

Complete items 23a-b only when the certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge, death occurred at the time, date, and place stated.

23b. DATE SIGNED (Month, Day, Year)

ITEMS 24-26
MUST BE
COMPLETED BY
PERSON WHO
PRONOUNCES
DEATH

24. TIME OF DEATH
16:55 M

25. DATE PRONOUNCED DEAD (Month, Day, Year)
04/16/2013

26. WAS CASE REFERRED TO MEDICAL EXAMINER?
☒ YES ☐ NO

CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. DUE TO (OR AS A CONSEQUENCE OF):
Probable arteriosclerotic cardiovascular disease

b. DUE TO (OR AS A CONSEQUENCE OF):

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

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

SEE INSTRUCTIONS
ON ATTACHED SHEET

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED?
☐ YES ☒ NO

28b. WERE AUTOPSY FINDINGS COMPLETED PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ YES ☒ NO

SEE DEFINITION
ON ATTACHED SHEET

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23)

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing and certifying to cause of death)

☒ MEDICAL EXAMINER (To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.)

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 as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH
[Signature]

29c. DATE SIGNED (Month, Day, Year)
4-17-2013

CERTIFIER

29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print name of certifier)
Gary M. Zientek, M.D. 5455 Dr Martin Luther King Jr Ave, Anchorage, AK 99507

29e. LICENSE NUMBER
6754

30. MANNER OF DEATH

☒ Natural ☐ Pending Investigation
☐ Accident ☐ Suicide ☐ Homicide ☐ Could not be determined

31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL", ITEMS 31a - 31f MUST BE COMPLETED.

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?
☐ YES ☒ NO

31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

31e. PLACE OF INJURY - At home, street, cannery, office, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

FORM VS-101
REV. 3-06

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **MAY 16, 2014**

[Signature]
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

PRNCO (Rev) 12/09

001443491

