

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED
JAN 15 2014
DEPARTMENT OF
WATER RESOURCES

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?
85-11426 11423	Yes ☐		Yes ☐		Yes ☐
85-11424	Yes ☐		Yes ☐		Yes ☐
85-11425	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Azalea, David, Lynn and Alan Chandler
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): AZALEA J CHANDLER AND DAVID W CHANDLER AND AMY B. CHANDLER AND
New owner(s) as listed on the conveyance document Name connector ☒ and ☐ or ☐ and/or

36 ELLA QUINTINO LN WALLA WALLA WA 99362
Mailing address City State ZIP
(509) 876-4086 chandler111@msn.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 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. *NO Fee needed. jmh*
 - \$100 per split water right.
 - No fee is required for pending adjudication claims.

8. Signature: [Signature] 1/12/2014
Signature of new owner/claimant Title, if applicable Date

Signature: [Signature] 1/12/2014
Signature of new owner/claimant Title, if applicable Date

SUPPORT DATA

For IDWR Office Use Only:

Received by N/A Date _____ Receipt No. _____ Receipt Amt. _____

Approved by _____ Processed by [Signature] Date 1-15-2014

IN FILE # 85-11423

Not added
CHRISTOPHER A. CHANDLER
SEE ATTACHED REVOCABLE
TRUST for
AZALEA J CHANDLER

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

600640

I.D. TAG NO.

STATE FILE NUMBER

327165

1. Legal Name First: Alan, Middle: Bart, Last: Chandler, Suffix:				2. Death Date March 17, 2011	
3. Sex Male		4. Age 68 years		5. Social Security Number	
6. County of Death Marion		7. Birthdate July 28, 1942			
8. Birthplace Spokane, Washington		9. Decedent's Education Master's degree			
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No	
13. Residence: Number and Street 1725 Cinnamon Hill Drive SE				14. City/Town Salem	
15. Residence County Marion		16. State or Foreign Country Oregon		17. Zip Code + 4 97306	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married			
20. Spouse's Name Prior to First Marriage Toni L. Atkins		21. Usual Occupation Corrections Administrator			
22. Kind of Business/Industry State of Oregon		23. Father's Name Atlee B. Chandler			
24. Mother's Name Prior to First Marriage Azalea M. Johnson		25. Informant's Name Toni L. Chandler			
26. Telephone Number Not Available		27. Relationship to Decedent Spouse		28. Mailing Address 1725 Cinnamon Hill Drive SE, Salem, OR 97306	
29. Place of Death Hospital-Inpatient		30. Facility Name Salem Hospital			
31. Location of Death 890 Oak Street SE		32. City/Town or Location of Death Salem		33. State Oregon	
34. Zip Code + 4 97301		35. Method of Disposition Cremation			
36. Place of Disposition Oakleaf Crematory		37. Location Salem, Oregon			
38. Name and Complete Address of Funeral Facility Virgil T. Golden Funeral Service, 605 Commercial Street SE, Salem, Oregon 97301					
39. Date of Disposition TBD		40. Funeral Director's Signature Brit L. LeMay		41. OR License Number CO-3584	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received MAR 22 2011		44. Local File Number 110596	
45. Amendment					
46. Was case referred to Medical Examiner? ☐ Yes ☒ No					
47. Autopsy? ☐ Yes ☒ No					
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☒ No					
49. Time of Death 3:10 pm					
CAUSE OF DEATH					
50. 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.					
Final disease or condition resulting in death → a. <i>prostate cancer</i> Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d.				Approximate Interval: Onset to Death <i>years</i>	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of Death ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending		53. If Female ☐ 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 before death		54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown	
55. Date of Injury (month day year)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? ☐ Yes ☒ No ☐ Unknown					
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)					
60. Describe how injury occurred					
61. If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)					
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Myron Lee, 5050 Skyline Village Lp S, Salem, OR 97306					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier Myron Lee MD, FP physician		65. License Number 13766		66. Date Signed (month day year) 3/22/11	
67. Medical Certifier - On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>					
68. Medical Examiner - 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.					
69. Amendment					

45-2DP (01/06)

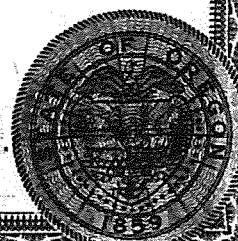
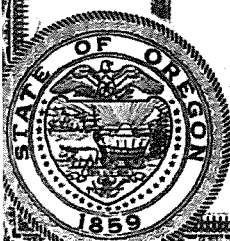
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MARION COUNTY REGISTRAR.

MAR 22 2011

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

[Signature]
RICHARD A. SHERMAN
COUNTY REGISTRAR
MARION COUNTY, OREGON



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2010-005923

DATE ISSUED: 06/21/2010

FEE NUMBER: 0003202060

GIVEN NAMES: LYNN BRUCE
LAST NAME: CHANDLER

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: JUNE 14, 2010
HOUR OF DEATH: 12:18 P.M.
SEX: MALE
AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: DECEMBER 13, 1943
BIRTHPLACE: SPOKANE, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: MARKETING
INDUSTRY: TELEVISION & RADIO PRODUCTIONS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: DAVID WILEY CHANDLER
RELATIONSHIP: BROTHER
ADDRESS: 36 PARKWOOD CIRCLE, WALLA WALLA, WASHINGTON, 99362

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 10901 E. 4TH AVE.
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99206

RESIDENCE STREET: 10901 E. 4TH AVE.
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99206
INSIDE CITY LIMITS? YES
COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: ATLEE CHANDLER
MOTHER: AZALEA JOHNSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BALL & DODD/THORNHILL VALLEY C
CITY, STATE, ZIP: SPOKANE, WA
DISPOSITION DATE: JUNE 21, 2010

FUNERAL FACILITY: THORNHILL VALLEY FUNERAL HOME
ADDRESS: 1400 SOUTH PINES ROAD
CITY, STATE, ZIP: SPOKANE VALLEY WA 99206
FUNERAL DIRECTOR: HEATHER R SCHOONOVER

CAUSE OF DEATH:
A. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: NOT STATED

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HISTORY OF SMOKING AND HYPERLIPIDEMIA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

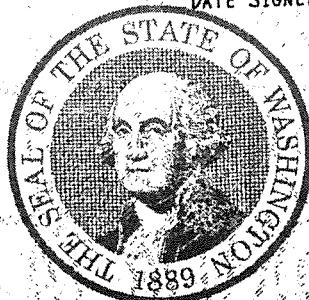
LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JOHN D HOWARD
TITLE: MEDICAL EXAMINER
CERTIFIER
ADDRESS: 5901 N LIDGERWOOD STE 24B
CITY, STATE, ZIP: SPOKANE WA 99208
DATE SIGNED: JUNE 17, 2010



STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
PEGGY J WETMORE
DATE RECEIVED: JUNE 18, 2010

the spouses of Trustor's deceased sons. The Trustee shall oversee and administer the use of the property. The Trustee shall be responsible for paying all real property taxes, condominium fees, association fees or related common ownership fees, and casualty/liability insurance premiums, all repairs, maintenance and upkeep necessary to maintain the vacation home in good condition (collectively "operating expenses"). After the death of Trustor's spouse, the Trustee shall continue to make this vacation home available to the aforementioned family members. However, if the Trustee determines that it is not being used sufficiently by such family members or that the continued ownership of it is not economically practical, the Trustee shall have the discretion to sell it. The Trustees shall retain sufficient Trust funds as a reserve for operating expenses.

11.2.5 The remainder of the trust estate shall be held, administered and distributed as follows:

(A) Fifty percent [50%] shall be distributed outright and free of trust to DAVID W. CHANDLER, if he survives the Trustor. If DAVID W. CHANDLER does not survive the Trustor, his share shall be distributed to his surviving descendants, by right of representation, and shall be held, administered and distributed pursuant to the provisions of Section 11.2.5(D) below. If DAVID W. CHANDLER does not survive the Trustor and leaves no descendants surviving, his share shall be added to the share of the remaining devisees identified in Sections 11.2.5(B) and 11.2.5(C) who survive the Trustor one-half [1/2] to each Section 11.2.5(B) and to Section 11.2.5(C).

(B) Twenty-Five percent [25%] shall be distributed outright and free of trust to CHRISTOPHER A. CHANDLER, if he survives the Trustor. If CHRISTOPHER A. CHANDLER does not survive the Trustor, his share shall be distributed to his surviving descendants, by right of representation, and shall be held, administered and distributed pursuant to the provisions of Section 11.2.5(D) below. If CHRISTOPHER A. CHANDLER does not survive the Trustor and leaves no descendants surviving, his share shall be added to the share passing to Section 11.2.5(C).

(C) Twenty-Five percent [25%] shall be distributed outright and free of trust to AMY B. CHANDLER, if she survives the Trustor. If AMY B. CHANDLER does not survive the Trustor, her share shall be



distributed to her surviving descendants, by right of representation, and shall be held, administered and distributed pursuant to the provisions of Section 11.2.5(D) below. If AMY B. CHANDLER does not survive the Trustor and leaves no descendants surviving, her share shall be added to the share passing to Section 11.2.5(B).

(D) A fund established for surviving descendents referenced in Sections 11.2.5(A), (B), or (C), shall be held, administered and distributed as follows:

(1) Until the beneficiary for whom a fund is established attains the age of twenty-one [21], the Trustee shall distribute to or for the benefit of the beneficiary such amounts of income and principal as the Trustee may determine to be necessary for the beneficiary's health, support, maintenance and education. Thereafter, and until final distribution of the fund is made, the Trustee shall distribute to or for the benefit of the beneficiary all of the income and such amounts of principal as the Trustee may determine to be necessary for the beneficiary's health, support, maintenance and education, including but not limited to business or trade school, graduate or professional education, and to assist the beneficiary in establishing a business or profession or in purchasing a home or with a wedding.

(2) If a beneficiary has attained age twenty-one [21] at the time the beneficiary's separate fund is established, the beneficiary may request, in writing, to cause the Trustee to make immediate distribution to the beneficiary of the beneficiary's fund.

(3) If a beneficiary of the Trustor for whom a fund is held shall die prior to receiving full distribution and shall leave descendants surviving, the fund or the remainder of the fund, as the case may be, shall be distributed to the surviving descendants of the deceased beneficiary by right of representation pursuant to the provisions of this Section 11.2.5(D). If any descendant shall die prior to receiving full distribution of his or her portion, the remainder of such portion shall be distributed in equal shares to his or her descendants, if any, who shall take by right of representation, otherwise in equal shares among the descendant's then living brothers and sisters; provided, however, the share due any such beneficiary for whom a fund is still held in trust pursuant to this instrument shall be added to said fund and distributed in accordance with the terms applicable to the fund. If any descendant shall

