

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED

MAY 20 2013

DEPT. OF WATER RESOURCES
SOUTHERN REGION

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?
36-102	Yes ☐		Yes ☐		Yes ☐
36-116	Yes ☐		Yes ☐		Yes ☐
36-10290	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: J Alvin & Tim Musser
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Alvin & Hope Musser Living Trust
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 1747 Wilson Ave Upland CA 91784
Mailing address City State ZIP
- (909)982-2630 _____
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.
 - \$100 per *split* water right.
 - No fee is required for pending adjudication claims.

8. Signature: *Hope J. Musser* Trustee 5/16/2013
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 DM Date 5.20.2013 Receipt No. 5033263 Receipt Amt. \$75-
Approved by _____ Processed by _____ Date _____

SUPPORT DATA
IN FILE # 36-102

RECEIVED
MAY 06 2013
DEPT. OF WATER RESOURCES
SOUTHERN REGION

Alvin & Hope Musser Living Trust
DTD 9/21/90 (QTIP)
c/o Hope I Musser, Trustee
1747 Wilson Ave.
Upland, CA 91784

IDWR Southern Region
1341 Fillmore St., Suite 200
Twin Falls, ID 83301-3380
(208) 736-3033

May 3, 2013

To Whom It May Concern:

I am the Trustee of the Alvin & Hope Musser Living Trust, DTD 9/21/90 (Bypass and QTIP) which said Trust owns the Water Rights Numbers 36-10290, 36-116 and 36-102.

This letter is to provide you with copies of the deeds and the transfer of title at the death of J. Alvin Musser in 2007, whose death certificate is also attached, which documents provide clear evidence of the chain of title and current ownership of the subject water rights. The tax identification number for the subject property and water rights is 80-6063806 (Musser Marital QTIP Trust).

Please note that your agency currently lists Tim Musser as a co-owner of the subject water rights, however this information is incorrect since title to the water rights has never been held in Tim Musser's name nor does he nor has he ever owned the water rights.

At this time, we are requesting that you correct your records and provide us with verification that these changes have been made in your records. You may send the corrected records to Hope I Musser, Trustee, at the address shown above and on the Change of Address form attached. Please feel free to contact me by phone 909/982-2630 or my daughter Ruth Musser-Lopez at 760/885-9374.

Respectfully Submitted,

Hope I. Musser, Trustee
Hope I Musser, Trustee

Hope I. Musser, Trustee

STATE OF CALIFORNIA)
)
COUNTY OF SAN BERNARDINO) :SS

HOPE I. MUSSER, being first duly sworn upon oath, deposes and says as follows,
pursuant to the laws of the State of California:

1. I am the currently acting Trustee, duly appointed and serving in accordance with the
terms and provisions of that certain Trust known as the

**Surviving Spouse's Trust of the ALVIN & HOPE MUSSER LIVING TRUST dated
September 21, 1990.**

2. The identity of the Trustors and each currently acting Trustee of the Trust are set forth
below:

A. All Trustors' Names: J. Alvin Musser (now deceased), Hope I. Musser,
Surviving Spouse

B. All Current Trustees' Names: Hope I. Musser

C. All Trustees' Addresses: 1747 N. Wilson Ave., Upland, CA 91786

3. The powers of the Trustee include:

- A. The power to sell, convey and exchange the Trust property (yes), and
- B. The power to borrow money and encumber the Trust property with a
mortgage or deed of trust.

4. The trust is revocable.

5. There is only one Trustee required to act in order to exercise the enumerated powers
of the Trustee.

6. The identifying number of the Trust is: 573-02-1711. This number is the social
security number of Hope I. Musser, the Trustor and Trustee.

7. The Trust has been amended twice since the date it was formed or established but not
in any manner concerning the powers or rights of trustees.

9. The Trustee understands and acknowledges that the recipient of this Certification of Trust may make a good faith request of the Trustee to furnish copies of those excerpts from the original Trust, that designate the Trustee and confer upon the Trustee the Power to act in the pending transaction.
10. This Trust has not been revoked, modified or amended in any manner which would cause the representation in this Certification of Trust to be incorrect or inaccurate. This Certificate of Trust is being signed by all currently acting as Trustee of the Trust.

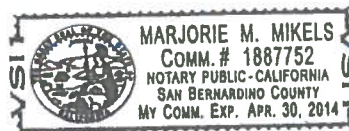
Dated this 16 day of April, 2013

Hope I. Musser, Trustor & Trustee
Hope I. Musser, Trustor and Trustee

On this 16th day of April in the year 2013 before me, Marjorie M. Mikels, a Notary Public for the State of California, personally appeared Hope I. Musser, identified to me to be the person whose name is subscribed to within the instrument as Trustee and acknowledged to me that she executed the instrument as such Trustee.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Marjorie M. Mikels
Marjorie M. Mikels
NOTARY PUBLIC for the State of California
Commission Expires on April 30, 2014



CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3200736010549

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITESOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Surname)	
JOHN		ALVIN		MUSSEY	
4. DATE OF BIRTH		5. AGE Yrs.		6. SEX	
01/17/1913		94		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
ID		66092-0286		YES ☐ NO ☒ UNK ☐	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH		8. HOUR (24 Hours)	
MARRIED		11/14/2007		1530	
13. EDUCATION - Highest Level (Degree)		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE		YES ☐ NO ☒		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, roof construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
DAIRYMAN		DAIRY		81	
20. DECEDENT'S RESIDENCE (Report and number or location)					
1747 WILSON AVE.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
UPLAND		SAN BERNARDINO		91784	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
83		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
HOPE I. MUSSEY, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
1747 WILSON AVE, UPLAND, CA 91784					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Surname Name)	
HOPE		ISABEL		FREY	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
CHARLES		SUMNER		MUSSEY	
34. BIRTH STATE		35. MIDDLE		36. LAST	
KS		ARETA		LUDLOW	
37. BIRTH STATE		38. MIDDLE		39. LAST	
IN		ARETA		LUDLOW	
40. DISPOSITION DATE		41. PLACE OF FINAL DISPOSITION		42. SIGNATURE OF EMERAL	
11/20/2007		BELLEVUE MEMORIAL PARK		DONALD CERCHIA	
43. TYPE OF DISPOSITION(S)		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
BURIAL		STONE FUNERAL HOME		ED272	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE		48. SIGNATURE OF LOCAL REGISTRAR	
MARGARET BEED, MD		11/19/2007		MARGARET BEED, MD	
101. PLACE OF DEATH					
SAN ANTONIO COMMUNITY HOSPITAL					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
SAN BERNARDINO		999 SAN BERNARDINO		UPLAND	
105. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or respiratory depression without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
A) ASPIRATION-PNEUMONIA					
B) PARKINSONS DISEASE					
C) ATRIAL FIBRILLATION, COAGULOPATHY					
106. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 105					
107. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 105 OR 106? (If yes, list type of operation and date.)					
NO					
108. IF FEMALE, PRESENT IN LAST YEAR?					
YES ☐ NO ☐ UNK ☐					
109. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		110. SIGNATURE AND TITLE OF CERTIFIER		111. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Above		G66000	
12/20/2000		11/14/2007		11/16/2007	
112. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		113. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
ARNOLD I. ROTH M.D.		ARNOLD I. ROTH M.D.			
10837 LAUREL ST STE 202, RANCHO CUCAMONGA, CA 91730		10837 LAUREL ST STE 202, RANCHO CUCAMONGA, CA 91730			
114. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
115. INJURED AT WORK?					
YES ☐ NO ☐ UNK ☐					
116. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
117. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
118. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
119. SIGNATURE OF CORONER / DEPUTY CORONER					
120. DATE					
121. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
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299. SIGNATURE OF CORONER / DEPUTY CORONER					
300. DATE					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

Nov 27, 2007

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

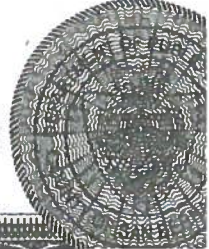
ERIC FRYKMAN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

Margaret M Beed MD



001717868

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



Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:
MIKELS & ASSOCIATES
Marjorie M. Mikels, Esq.
8300 Utica, #191
Rancho Cucamonga, CA 91730

MAIL TAX STATEMENTS TO:
J. Alvin Musser and
Hope Musser, Trustees of
Alvin & Hope Musser Living Trust
1747 Wilson Avenue
Upland, CA 91786

143420
STATE OF IDAHO, COUNTY OF GOODING
Filed for record at the request of FIRST AMERICAN TITLE
3 min. past 4 o'clock P M. this 14
of Jan, 1991. 1:30
JOHN A. MYERS, Recorder
By Udda M. Schmidt, Deputy

MAIL TAX STATEMENTS TO: (SEE RECORDING USE)

DOCUMENTARY TRANSFER TAX \$ 0.00
... Computed on the consideration or value of property conveyed; or
... Computed on the consideration or value less liens or encumbrances
... Computed on the value of the property at the time of sale.
Signature of Declarant or Agent duly authorized - Full Name

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, J. ALVIN MUSSER, as
his separate property,

hereby GRANT(S) to J. ALVIN MUSSER and HOPE I. MUSSER, Trustees of the
ALVIN & HOPE MUSSER LIVING TRUST, dated September 21, 1990.

the real property in the ~~XXXXXX~~
County of Gooding

Idaho
State of ~~XXXXXX~~, described

The Southwest Quarter of the Northeast Quarter (SW1/4
NE 1/4), the Southeast Quarter of the Northwest
Quarter (SE 1/4 NW 1/4), the East Half of the
Southwest Quarter (E 1/2 SW 1/4), and the West Half
of the Southeast Quarter (W 1/2 SE 1/4), except
highway right of way as described in deed recorded in
Book 46 of Deeds, Page 3, of said County, all in
Section Thirty-one (31), Township Seven (7) South,
Range fourteen (14) East, Boise Meridian, together
with all water rights and other appurtenances thereto
belonging.

TO HAVE AND TO HOLD, the said premises, with their
appurtenances unto the Grantee and its successors and
assigns forever.

APN # _____

Dated September 21, 1990

STATE OF CALIFORNIA
COUNTY OF San Bernardino

On Sept. 21, 1990

before me, the undersigned, a Notary Public in and for said State, per-
sonally appeared J. Alvin Musser

personally known to me (or proved to me on the basis of satisfactory
evidence) to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Signature Claudia C. Griggs

J. Alvin Musser
J. ALVIN MUSSER



(This area for official notary seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (5/

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

MIKELS & ASSOCIATES
Marjorie M. Mikels, Esq.
8300 Utica, #191
Rancho Cucamonga, CA 91730

143421
STATE OF IDAHO, COUNTY OF GOODING
Filed for record at the request of WEST AMERICAN TITLE
4 min. past 4 o'clock P. M. this 14
of Jan 1991
JOHN A. MYERS, Recorder
By William M. Schmidt Deputy

SPACE ABOVE THE LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:
J. Alvin Musser and
Hope Musser, Trustees of
Alvin & Hope Musser Living Trust
1747 Wilson Avenue
Upland, CA 91786

DOCUMENTARY TRANSFER TAX \$ 0.00
..... Computed on the consideration or value of property conveyed; 0
..... Computed on the consideration or value less liens or encumbrances
remaining at time of sale.
Signature of Declarant or Agent determining tax -- Firm Name

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, J. ALVIN MUSSER and
HOPE I. MUSSER, husband and wife,

hereby GRANT(S) to J. ALVIN MUSSER and HOPE I. MUSSER, Trustees of the
ALVIN & HOPE MUSSER LIVING TRUST, dated September 21, 1990.

the real property in the ~~XXXXXX~~
County of Gooding

Idaho,
State of ~~Idaho~~, described

Township 7 South, Range 13 East of the Boise Meridian Section
36: E 1/2 NE 1/4 NE 1/4 SE 1/4, and East 328 feet of the E
1/2 SE 1/4 NE 1/4 SE 1/4 Part of the NE 1/4 SE 1/4 SE 1/4
described as follows:

Beginning at the Northeast Corner of the NE 1/4 SE 1/4 SE 1/4;
Thence South along said East line 251.0 feet; thence North 89
degrees 04' West, 163.1 feet; thence North 0 degrees 12' West,
158.0 feet; thence North 40 degrees 42' West 119.5 feet to a
point on the North boundary line of said NE 1/4 SE 1/4 SE 1/4;
thence East along said North boundary 241.6 feet to the Point
of Beginning.

Township 7 South, Range 14 East of the Boise Meridian Section
31: Lots 3 and 4.

EXCEPT Tract as conveyed to the State of Idaho by Deed Dated
May 1, 1959 recorded by July 24, 1959 in Book 48 Deeds, Page
296, Records of Gooding County of Idaho. Together with all
water rights appurtenant thereto.

APN # _____

Dated September 21, 1990

STATE OF CALIFORNIA
COUNTY OF San Bernardino

On Sept. 21, 1990

before me, the undersigned, a Notary Public in and for said State, per-
sonally appeared, J. Alvin Musser and
Hope I. Musser

personally known to me (or proved to me on the basis of satisfactory
evidence) to be the persons whose names/identities subscribed to the
within instrument and acknowledged to me that they executed the same
the same.

WITNESS my hand and official seal.

Signature Ch. Line

MAIL TAX STATEMENTS AS DIRECTED ABOVE

J. Alvin Musser
J. ALVIN MUSSER

Hope I. Musser
HOPE I. MUSSER



(This area for official notarial seal)

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