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JUL 16 2012

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 10 2012

IDWR / NORTH

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?
95-10673	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

James D Frank

Name of current water right holder/claimant

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

Connie L Frank

Name of each new owner as listed on the conveyance document

Connie L Frank

New owner continued

Name connector

☐ and

☐ or

☐ and/or

P.O. Box 2048

Mailing address

Haunden

City

Id

State

83835

ZIP

772-1481

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. 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.

7. Signature:

Connie L Frank

Signature of new owner/claimant

wife of James D Frank 7/10/12

Title, if applicable

Date

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by

[Signature]

Date

7/10/12

Receipt No.

0089358

Receipt Amt.

25.00

Approved by

[Signature]

Processed by

[Signature]

Date

7-31-12

1576324



A Pioneer Company

PIONEER TITLE COMPANY
OF KOOTENAI COUNTY

100 Wallace Ave. / Coeur d'Alene, Idaho 83814 / Telephone (208) 664-3554

STATE OF IDAHO } ss
COUNTY OF KOOTENAI }
AT THE REQUEST OF
PIONEER TITLE CO.

FEB 18 4 22 PM '99

DAYL E. STOLISH

DEPUTY

WARRANTY DEED

FOR VALUE RECEIVED LESLIE W. STEELE AND JOAN M. STEELE, HUSBAND AND WIFE

the Grantor s , do hereby grant, bargain, sell and convey unto JAMES D. FRANK AND CONSTANCE L. FRANK,
HUSBAND AND WIFE

the Grantee s , whose address is 7773 S. Oneida Ct. Englewood Co. 80112

the following described premises, to-wit:

LOTS 50 AND 51, HAYDEN LAKE PARK, ACCORDING TO THE PLAT RECORDED IN THE OFFICE
OF THE COUNTY RECORDER IN BOOK "C" OF PLATS AT PAGE 95, RECORDS OF KOOTENAI
COUNTY, IDAHO.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee s, their heirs and
assigns forever. And the said Grantor s do hereby covenant to and with the said Grantee s, that they are
the owners in fee simple of said premises; that said premises are free from all encumbrances EXCEPT (1) Current and
Future taxes and irrigation assessments if applicable (2) Covenants, Conditions, restrictions and reservations of record
(3) Easements and Right of ways of record and in view

and that they will warrant and defend the same from all lawful claims whatsoever.

Dated: February 08, 1999

Leslie W. Steele
LESLIE W. STEELE

Joan M. Steele
JOAN M. STEELE

ACKNOWLEDGMENT - Individual

STATE OF IDAHO , County of KOOTENAI , ss.

On this 17th day of FEBRUARY, in the year of 1999,
before me, DAYL E. STOLISH

, a notary public,
personally appeared LESLIE W. STEELE AND

JOAN M. STEELE, known or
identified to me to be the GRANTORS whose name s ARE
subscribed to the within document, and acknowledged to me that
THEY executed the same.

Notary Public: DAYL E. STOLISH
Residing at: DALTON GARDENS, IDAHO
My Commission expires: 10-29-2000

STATE OF IDAHO, COUNTY OF

I hereby certify that this instrument was filed for a record at the
request of
at _____ minutes past _____ o'clock m., this
day of _____ 19 _____, in my office, and duly
recorded in Book _____ of Deeds at page _____

Ex-Officio Recorder

By _____ Deputy.

Fees \$
Mail to:

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-2410, AND §39-214, IDAHO CODE

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JAMES DANIEL FRANK		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE Last Birthday 62 (Years)	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr) 10/30/1948	6. BIRTHPLACE (City and State, Territory, or Foreign Country) KELLOGG, IDAHO
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN HAYDEN
	7d. STREET AND NUMBER 1874 N. SHENANDOAH		7e. APT. NO.	7f. ZIP CODE 83835	7g. INSIDE CITY LIMITS? ☒ Yes ☐ No
	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) CONNIE LYNN FRANK		
PARENTS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) THOMAS JOHN FRANK		11b. BIRTHPLACE (State, Territory, or Foreign Country) CANADA
			12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MINERVA JANE DUNN		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO
INFORMANT	13a. INFORMANT'S NAME (Type or print) CONNIE LYNN FRANK		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 15874 N. SHENANDOAH DR. HAYDEN, ID 83835
	14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) PINE GROVE CEMETERY RATHDRUM, IDAHO 83858		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BELL TOWER FUNERAL HOME AND CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854
DISPOSITION	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ROBERT J. JOHNSTON		17b. LICENSE NUMBER (Of licensee) M0558		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No
	PLACE OF DEATH (19-22) * 19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 1. Inpatient 2. Outpatient 3. DCA 4. Hospice facility 5. Nursing home/Long term care facility 6. Decedent's home 7. Other (Specify) * 20. FACILITY NAME (If not facility, give street and number) KOOTENAI MEDICAL CENTER * 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814 * 22. COUNTY OF DEATH KOOTENAI				
DATE OF DEATH	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 15, 2011		24. TIME OF DEATH (24hr) 14:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 15, 2011
					26. TIME PRONOUNCED DEAD (24hr) 14:30
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) → a. CARDIAC ARREST DUE TO (or as a consequence of): 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. SEVERE HYPOXIA DUE TO (or as a consequence of): c. IDIOPATHIC PULMONARY FIBROSIS EXACERBATION DUE TO (or as a consequence of): d.				Approximate Interval: Onset to Death MINUTES HOURS DAYS
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined
CERTIFIER	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? ☐ Yes ☒ No		
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____				
REGISTRAR	37. 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				
	TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) _____ 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				
		39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner 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: ELECTRONICALLY SIGNED: TODD C. HOOPMAN, M.D. * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) TODD C. HOOPMAN, 700 W. IRONWOOD DR. SUITE 336 COEUR D'ALENE, ID 83814		39b. LICENSE NUMBER M-11202 39c. DATE SIGNED 10 / 17 / 2011 MM DD YYYY	
		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 10 / 18 / 2011 MM DD 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: **OCT 18 2011**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

AFFIDAVIT OF OWNER - OCCUPIED PRIMARY RESIDENCE

GEO 3504Single Family Dwelling.....[☒]Multi - Family Dwelling.....[☐]Apartment or Condominium.....[☐]Manufactured Home.....[☐](Do you own your own land ☐ Yes ☐ No)*(If YES, do you have a detached garage ☐ Yes ☐ No)Commercial Improvement with Living Quarters.....[☐]

FOR OFFICIAL USE ONLY

HOMEOWNER'S EXEMPTION

Effective Year

Deputy's Initials

RECEIVED

DEC 12 2008

Kootenai County
Assessor

Name of Owner (print last name first)

Telephone Number

Mailing Address

Street Address

City

State

Zip

Parcel Number

Subdivision Name

Lot

Block

Purchase Price

Legal Description

Section

Township

Range

Idaho Drivers License [☒] Yes [☐] No

PURCHASE DATE

Month

Day

Year

DATE OF OCCUPANCY

Month

Day

Year

UNDER PENALTY OF PERJURY, I CERTIFY THAT, I AM THE OWNER, OR AM PURCHASING, AND OCCUPY AS MY PRIMARY DWELLING THE RESIDENTIAL IMPROVEMENT AS DESCRIBED ABOVE, I AM AN IDAHO RESIDENT AND I DO NOT HAVE A HOMEOWNER'S EXEMPTION ON ANY OTHER PROPERTY THAT I CURRENTLY OWN. I HEREBY GRANT PERMISSION TO ANY GOVERNMENT AGENCY AND / OR CONTRACTOR TO CONFIRM MY STATUS RELATIVE TO IDAHO STATE RESIDENCY, AND TO RELEASE, TO THE KOOTENAI COUNTY ASSESSOR WHATEVER INFORMATION IS NECESSARY TO DO SO.

I have read the above statement.

Initial

Previous Address:

County:

[☐] SOLD [☐] STILL OWNDid you have a Homeowners Exemption
at your previous address? YES [☐] NO [☐][☐] RENTED

Signature of Owner

Date of Application

KOOTENAI COUNTY ASSESSOR

451 GOVERNMENT WAY

P.O. BOX 9000

COEUR D'ALENE, IDAHO 83816-9000

PHONE 446-1500

IMPORTANT INFORMATION ON REVERSE SIDE