

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 26 2012

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?
85-7673	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Don A. Sandstrom
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Clara Jean Sandstrom
Name of each new owner as listed on the conveyance document

New owner continued Name connector ☐ and ☐ or ☐ and/or

29975 Sweetwater Lane

Mailing address

Lapwai

Idaho

83540

City

State

ZIP

208-843-5367

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: September 19, 2008

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: Clara Jean Sandstrom 7/23/2012
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 SBF Date 7/26/2012 Receipt No. C095792 Receipt Amt. \$25-

Approved by _____ Processed by JMH Date 7-26-12

3938

MICROFILM NO.

603585

WARRANTY DEED

INDEXED
FILMED
DELIVERED
MAILED A

GRANTORS, ROBERT G. PROCTOR and RAMONA A. PROCTOR, husband and wife, for a good and valuable consideration, the receipt of which is hereby acknowledged, do hereby grant, bargain, sell and convey unto DON A. SANDSTROM and C. JEAN SANDSTROM, husband and wife, RT1 Box 184 Lapwai ID 83540, as GRANTEES, and to Grantees' heirs and assigns forever, all of the following described real property located in the County of Nez Perce, State of Idaho, to wit:

The North Half of the South Half of Government Lot 30, Section 22, Township 35 North, Range 4 West of the Boise Meridian.

SUBJECT TO:

1. Taxes and assessments for the year 1995 and thereafter;
2. Such rights, easements, covenants, restrictions and zoning regulations as appear of record or by use upon the premises;
3. Garbage assessments of Nez Perce County, Idaho, if any;
4. Unpatented mining claims, water rights or claim or title to water, and reservations or exceptions in patents or Acts authorizing the issuance thereof.

Grantors, for themselves, their heirs, successors and assigns do hereby covenant, warrant and shall defend the quiet and peaceable possession of said premises by the Grantees, their heirs and assigns forever against the lawful claims of all persons. In construing this deed, and where the context so requires, the singular includes plural and the masculine, the

WARRANTY DEED

-1-

feminine and the neuter.

IN WITNESS WHEREOF, Grantors have hereunto subscribed their names to this instrument this 28th day of November, 1995.

INST. NO. 603585
FILED FOR RECORD
FEE 6.00 REG. BY ALLIANCE TITLE

RRS NOV 28 P 3 50

BETTY J. WILSEY
RECORDER, NEZ PERCE CO. ID.

BY Dennis DEPUTY

WMA

Robert G. Proctor
Robert G. Proctor, Grantor

Ramona A. Proctor, attorney in fact for Robert G. Proctor

Ramona A. Proctor
Ramona A. Proctor, Grantor

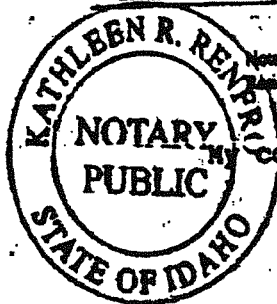
STATE OF IDAHO)
: ss
County of Nez Perce)

On this 28th day of November, in the year 1995, before me, a Notary Public in and for said State, personally appeared Ramona A. Proctor, known to me to be the person whose name is subscribed to the within instrument, on her own behalf and in fact of Robert G. Proctor and on her own subscribed the name and her own name both Proctor and on her own

STATE OF IDAHO
COUNTY OF Nez Perce

IN WITNESS WHEREOF, my official seal the day written.

On this 28th day of November, in the year 1995, before me, Kathleen R. Renfro, personally appeared Robert G. Proctor & Ramona A. Proctor, known to me to be the person whose name is subscribed to the within instrument as Individuals and acknowledged to me as Y executed the same as such individuals



Notary Public Kathleen R. Renfro
Residing at Clarkston, WA
com exp 11-19-98
My commission expires: _____

WARRANTY DEED

764177

INST. NO. _____

FILED FOR RECORD
FEE 900 REC. BY Clark + Feeney2008 DEC 31 PM 3 18 messenger

FILED

2008 DEC 18 P 1:06

PATTY O. WEEKS
RECORDER, NEZ PERCE CO. ID.BY 456 DEPUTYPATTY O. WEEKS
CLERK OF THE DIST COURTIN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF NEZ PERCE
BEVERLY NELSON

IN THE MATTER OF THE ESTATE OF:	)	Case No. CV08-02492
	)	
DON A. SANDSTROM,	)	DECREE VESTING ESTATE
	)	IN SURVIVING SPOUSE
	)	(I.C. 15-3-1205)
Deceased.	)	
	)	

Upon consideration of the Petition for Summary Administration of Estate of Which Surviving Spouse is Sole Beneficiary filed by C. Jean Sandstrom, on November 18, 2008, the Court finds that:

1. The facts set forth in the petition are true.
2. The required notice has been given or waived.
3. The decedent, Don A. Sandstrom, died on September 19, 2008, domiciled in Nez Perce County.
4. Venue is proper.
5. The decedent and C. Jean Sandstrom were duly married at Manti, Sandpete County, Utah, on May 11, 1963, and remained married until the date of decedent's death.
6. The surviving spouse, C. Jean Sandstrom, is the sole heir or devisee of the decedent.
7. The decedent died intestate.
8. The schedule of property attached to this Decree is a full and complete inventory of the property owned by the decedent and properly characterizes the property as community or separate property.

THEREFORE, it is ordered, adjudged and decreed as follows:

DECREE VESTING ESTATE IN
SURVIVING SPOUSE - PAGE 1

COPY

764177

1. C. Jean Sandstrom is the surviving spouse of the decedent and is the sole heir or devisee of the decedent.
2. The property of the decedent described on the schedule attached to this Decree is hereby vested in and distributed to C. Jean Sandstrom free and clear of all right, title, claim or demand of any person or persons claiming or attempting to claim under the estate of the decedent as heir, devisee, or otherwise, except as a proper creditor.
3. The surviving spouse shall assume and be liable for any and all indebtedness that might be a claim against the estate of the decedent.
4. There shall be no administration of the estate of the decedent.

Dated: 12/18/08KENT J. MERICA
MAGISTRATE**CERTIFICATE OF SERVICE**

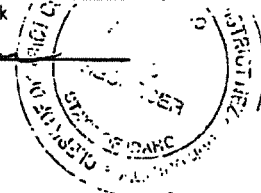
I HEREBY CERTIFY that on the 18th day of December, 2008, I caused to be served a true and correct copy of the foregoing document by the method indicated below, and addressed to the following:

Douglas L. Mushlitz Clark and Feeney PO Box 285 1229 Main Street, Ste 201 Lewiston, ID 83501	☐ U.S. Mail ☒ Hand Delivered - <i>vm.s</i> ☐ Overnight Mail ☐ Telecopy
--	--

CLERK OF THE COURT

By: BEVERLY NELSON
DeputyDECREE VESTING ESTATE IN
SURVIVING SPOUSE - PAGE 2

I, Patty O. Weeks, Clerk of the above entitled Court do hereby certify the foregoing to be a full, true and correct copy of the original Decree Vesting Estate in Surviving Spouse in the above entitled cause as the same now appears on file and of record in my office.

WITNESS my hand and official seal this 12-23-08
PATTY O. WEEKS, ClerkBy: Beverly Nelson
Deputy

764177**SCHEDULE A***Estate of Don A. Sandstrom*

1. The real property described as follows:

SITUATE IN NEZ PERCE COUNTY, STATE OF IDAHO, TO-WIT:

The N½ of the S½ of Government Lot 30, Section 22, Township 35 North, Range 4 West of the Boise Meridian.

2. Miscellaneous personal property including furnishings and personal effects, the title of which is not an issue;
 3. 2003 Honda Accord
 4. 1998 Ford Ranger Pick-up, 2 wheel drive
 5. 1985 Chevrolet Pick-up, Scottsdale, 4 wheel drive quarter ton
 6. John Deere Tractor - 1020 + attachments
 7. 1987 Circle J Stock Trailer, 2 horse, slant
 8. 1991 Kawasaki 4 wheeler with dump trailer and manure spreader
 9. Lawn Tractor 20.0 hp, 48 inc. mower - electric start - auto transmission + grass catcher
-

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

COPY

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No.

365

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DON A. SANDSTROM										2. SEX Male		3. SOCIAL SECURITY NUMBER [REDACTED]			
	4a. AGE-Last Birthday 67		4b. UNDER 1 YEAR Months: Days:		4c. UNDER 1 DAY Hours: Minutes:		5. DATE OF BIRTH (Mo/Day/Yr) March 12, 1941		6. BIRTHPLACE (City and State, Territory, or Foreign Country) Centerfield, Utah							
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho						7b. COUNTY Nez Perce		7c. CITY OR TOWN Lapwai							
	7d. STREET AND NUMBER 29975 Sweetwater Lane						7e. APT. NO. 83540		7f. ZIP CODE 83540		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) Clara Jean Wintch					
PARENTS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No										11a. FATHER'S NAME (First, Middle, Last, Suffix) Anthony William Sandstrom				11b. BIRTHPLACE (State, Territory, or Foreign Country) Utah	
											12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Marjorie Wilson				12b. BIRTHPLACE (State, Territory, or Foreign Country) Utah	
INFORMANT	13a. INFORMANT'S NAME (Type or print) Jean Sandstrom										13b. RELATIONSHIP TO DECEDENT Wife		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 29975 Sweetwater Lane Lapwai, Idaho 83540			
DISPOSITION	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From Idaho ☐ Other (Specify)										15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Lewis-Clark Memorial Gardens Lewiston, Idaho				16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Vassar-Rawls Funeral Home 920-21st Avenue, Lewiston, Idaho 83501	
	17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>										17b. LICENSE NUMBER (Of licensee) M 791		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)															
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) 29975 Sweetwater Lane										21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Lapwai 83540		22. COUNTY OF DEATH Nez Perce			
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 19, 2008										24. TIME OF DEATH 0840 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 19, 2008		26. TIME PRONOUNCED DEAD 0958 (24hr)	
CAUSE OF DEATH	27. 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. Glioblastoma multiforme 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. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of): PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I															
ITEMS 29-35 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 ☐ Unknown if pregnant within the past year					
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)										33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)			
CERTIFIER	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____										35. INJURY AT WORK? ☐ Yes ☐ No					
	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															
CERTIFIER	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ 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: <i>[Signature]</i>										39b. LICENSE NUMBER M-9061					
REGISTRAR	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Katrina A. Popham, M.D., 428-6th Avenue, Lewiston, Idaho 83501										39c. DATE SIGNED 09 22 2008 MM DD YYYY					
	40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record. I have reviewed and if necessary amended the medical section.										40b. DATE SIGNED MM DD YYYY					
	41a. REGISTRAR'S SIGNATURE <i>[Signature]</i>										41b. DATE SIGNED 09 23 2008 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: Sept. 23, 2008

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

[Signature]
JANE S. SMITH
STATE REGISTRAR

