

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 03 2011

DEPT. OF WATER RESOURCES
SOUTHERN REGION

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?
47-07778	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

Harold Green

Name of current water right holder/claimant

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

Catherine E. Green

Name of each new owner as listed on the conveyance document

New owner continued

Name connector

☐ and

☐ or

☐ and/or

P.O. Box 704

Mailing address

Kimberly

City

Id
State

83341
ZIP

(208) 423-6191

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: 12-9-1981

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:

Catherine E. Green
Signature of new owner/claimant

by Michael Howell
Title, if applicable (Agent), Attorney-in-Fact

9-27-11
Date

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by [Signature]

Date 10/3/2011

Receipt No. 5032159

Receipt Amt. 25.00

Approved by

Processed by

Date

1 ROBERT L. ALDRIDGE, CHARTERED
2 Attorney at Law
3 1209 North Eighth Street
4 Boise, Idaho 93702-4297
5 Telephone: (208) 336-9880
6 Fax: (208) 336-9882
7 Idaho State Bar No 1296
8 Attorney for Trustee

TWIN FALLS COUNTY

Recorded for:

ROBERT L ALDRIDGE

9:30:12 am

01-10-2011

2011-000516

No. Pages: 2

Fee: \$ 13.00

KRISTINA GLASCOCK

County Clerk

Deputy: DWRIGHT

CORRECTION TO

Warranty Deed Removing Property from Trust

Recorded December 23, 2010 as Instrument No. 2010-025604

10 **GRANTOR:** The Green Family Trust, Catherine E. Green and Nickoal Marie Howell, Trustees,
11 4764 River Road, Buhl, Idaho 83316

12 **GRANTEE:** Catherine E. Green, 4764 River Road, Buhl, Idaho 83316, as her sole and separate
13 property, reserving the income thereof unto her as her sole and separate property

14 **PROPERTY DESCRIPTION:**

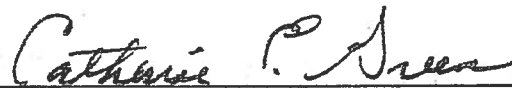
15 The South 400 feet of the North 700 feet of Lot 3 in Section 4, Township 9 South, Range
16 14 East, Boise Meridian, Twin Falls, Idaho. -- EXCEPTING property deeded out as
Instrument No. 983276 on March 13, 1991.

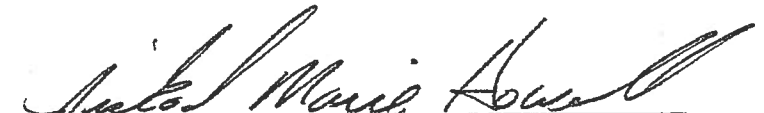
17 Grantor does hereby grant and convey unto the Grantee the above described property; TO HAVE
18 AND TO HOLD the said premises, with their appurtenances unto the said Grantee, and Grantee's
19 heirs and assigns forever. Grantor does covenant to and with the said Grantee that Grantor is the
20 owner in fee simple of said premises; that said premises are free from all encumbrances and that
21 Grantor will warrant and defend the same from all lawful claims whatsoever.

22 This deed is given for estate planning purposes, to remove the property from a revocable trust,
23 without any valuable consideration of any nature.

24 DATED: December 20, 2010

25 The Green Family Trust

26 
27 Catherine E. Green, Trustee

28 
29 Nickoal Marie Howell, Trustee

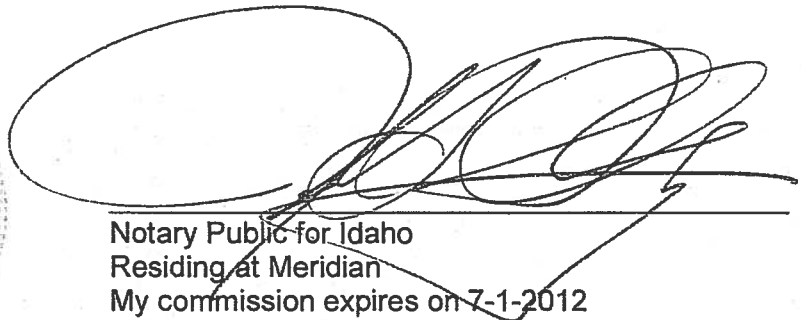
1 STATE OF IDAHO)
2) ss.
3 COUNTY OF ADA)

4 On December 20, 2010, before me, Robert L. Aldridge, a Notary Public in and for said State,
5 personally appeared Catherine E. Green and Nickoal Marie Howell, known to me or identified to
6 me or proved to me on the basis of satisfactory evidence to be the Trustees of the Green Family
7 Trust, established December 6, 1989, and to be the persons whose names are attached to the
8 foregoing instrument and acknowledged to me that said Trust executed the same.

9 IN WITNESS WHEREOF, I have hereunto placed my official hand and seal the day and year in this
10 Certificate first above written.



11
12
13
14



Notary Public for Idaho
Residing at Meridian
My commission expires on 7-1-2012

ROBERT L. ALDRIDGE, CHARTERED
Attorney at Law
1209 North Eighth Street
Boise, Idaho 83702-4297
Telephone: (208) 336-9880
Fax: (208) 336-9882

TWIN FALLS COUNTY

Recorded for:

ROBERT L ALDRIDGE

3:30:25 pm

12-23-2010

2010-025605

No. Pages: 4

Fee: \$ 19.00

KRISTINA GLASCOCK

County Clerk

Deputy: DWRIGHT

**IDAHO
STATUTORY FORM SPRINGING POWER OF ATTORNEY**

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent can make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the act.

This power of attorney does not authorize the agent to make health-care decisions for you. You should select someone you trust to serve as your agent. The agent's authority will continue until your death unless you revoke the power of attorney or the agent resigns.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, **Catherine Esther Green**, the principal, 4764 River Road, Buhl, Idaho 83316, name the following as my agent:

Name of Agent:

Nickoal Marie Howell

Agent's Address:

105 Birchwood Circle South, Kimberly, Idaho 83314

Agent's Phone Number:

(208) 423-6191

Agent's Cell Number:

(208) 420-2790

DESIGNATION OF SUCCESSOR AGENTS

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: Karen Tad Utt
Successor Agent's Address: 4764 River Road, Buhl, Idaho 83316
Successor Agent's Phone Number: (208) 543-5850

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: Zippy Deuel
Second Successor Agent's Address: 1128 Banbury Road A, Buhl, Idaho 83316
Second Successor Agent's Phone Number: (208) 543-4098

If my successor agent is unable or unwilling to act for me, I name as my third successor agent:

Name of Third Successor Agent: Camron Cole White
Third Successor Agent's Address: 750 Sparks #9, Twin Falls, Idaho 83301
Third Successor Agent's Phone Number: (208) 329-9866

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the act:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

☐ Real Property
☐ Tangible Personal Property
☐ Stocks and Bonds
☐ Commodities and Options
☐ Banks and Other Financial Institutions
☐ Operation of an Entity or Business
☐ Insurance and Annuities
☐ Estates, Trusts, and Other Beneficial Interests
☐ Claims and Litigation
☐ Personal and Family Maintenance
☐ Benefits from Governmental Programs or Civil or Military Service
☐ Retirement Plans
☐ Taxes
☒ All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

- _____ Create, amend, revoke, or terminate an inter vivos trust
- _____ Make a gift, subject to the limitations of the act and any special instructions in this power of attorney
- _____ Make a gift without limitations except any special instructions in this power of attorney
- _____ Create or change rights of survivorship
- _____ Create or change a beneficiary designation
- _____ Authorize another person to exercise the authority granted under this power of attorney
- _____ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- _____ Exercise fiduciary powers that the principal has authority to delegate

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS

CONDITIONS FOR EXERCISE This Springing General Power of Attorney shall become effective only upon the following terms and conditions:

I am unable, through incompetency, disability, or otherwise, to handle my own affairs reasonably and such disability or incompetency or other condition has been certified in writing by one or more physicians or other appropriate persons. Such written certification must state that such physician has examined me and that I am incapacitated mentally or physically and am therefore incapable of attending to my personal and business affairs. I hereby waive any physician-patient privilege that may exist in my favor and authorize physicians to examine me and disclose my physical or mental condition to my attorney-in-fact in order to determine my capacity or incapacity for purposes of this instrument. Notwithstanding the foregoing, my attorney-in-fact may act before obtaining said medical opinion if said attorney-in-fact considers the emergency exercise of any of the powers enumerated herein is required in my best interests. Any third-party may conclusively rely on the representation of my attorney-in-fact as to my disability or incapacity or the need for the emergency exercise of the powers herein in my best interests.

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it is terminated or invalid.

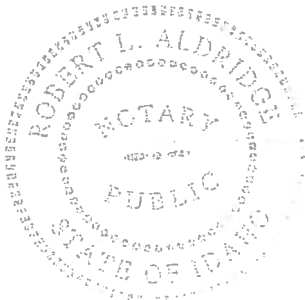
SIGNATURE AND ACKNOWLEDGMENT

Your signature: Catherine Esther Green
Date: December 20, 2010
Your name printed: Catherine Esther Green
Your address: 4764 River Road, Buhl, Idaho 83316
Your phone number: (208) 543-5850

STATE OF IDAHO)
) ss.
County of Ada)

On this December 20, 2010, before me, Robert L. Aldridge, a Notary Public in and for said State, personally appeared Catherine Esther Green, personally known to me, or identified to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is attached to the within instrument and acknowledged to me that said person executed the same.

IN WITNESS WHEREOF, I have hereunto placed my official hand and seal the day and year in this Certificate first above written.





Notary Public for Idaho
Residing at Meridian, Idaho
My commission expires on 07-01-2012

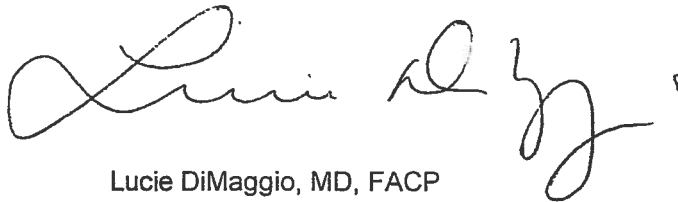
St. Luke's Clinic Internal Medicine - DiMaggio, Baker, Laucius & Helms
630 Addison Ave West, Suite 110
Twin Falls, ID 83301
(208) 734-0206 Fax: (208) 735-0542

January 3, 2011

Re: Catherine Green
DOB: 10/11/1921
Date of Examination: 01/03/2011

This is an 89 year old woman with a history of hypertension, hypothyroidism, benign positional vertigo, degenerative joint disease, dementia. She has poor long and short term memory. Given her senile dementia she is unable to handle her own personal and financial affairs reasonably well. She has a history of noncompliance and will frequently stop taking her medication. If you need any additional information regarding this patient please contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lucie DiMaggio', followed by a stylized flourish.

Lucie DiMaggio, MD, FACP



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 1341 Fillmore Street, Suite 200 • Twin Falls, Idaho 83301-3380

Phone: (208) 736-3033 • Fax: (208) 736-3037 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

October 3, 2011

CATHERINE GREEN
PO BOX 704
KIMBERLY ID 83341

RE: Notice of Change in Water Right Ownership
Water Right No. 47-7778

Dear Ms. Green:

I am in receipt of the Notice of Change of Water Right Ownership you recently submitted. Because the Snake River Basin Adjudication Court has not yet decreed this right, no fee is due to process the owner change. I am herein returning your check no. 1058 in the amount of \$25.00.

Thank you and should you have any questions please feel free to give me a call.

Sincerely,

Trish Fawcett
Technical Records Specialist

Enclosure

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

NOV 15 2011

DEPT. OF WATER RESOURCES
SOUTHERN REGION

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?
47-07778	Yes ☒		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Ted Eastman
Name of current water right holder/claimant

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

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

4774 River Rd.

Mailing address

Buhl ID 83316

City State ZIP

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: Kathleen Eastman POA 11/15/11
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 _____ Date _____ Receipt No. _____ Receipt Amt. _____

Approved by _____ Processed by _____ Date _____

WARRANTY DEED

For Value Received

T. F. GITS AND ORA E. GITS, husband and wife

Hereinafter called the grantor, hereby grants, bargains, sells and conveys unto

TED EASTMAN AND DELVA EASTMAN, husband and wife

whose address is: Box 548, Buhl, Idaho 83316

Hereinafter called the grantee, the following described premises, in Twin Falls County, Idaho,
to-wit:Township 9 South, Range 14, E., B.M., Twin Falls County,
IdahoSection 4: All of that part of the North 300 feet of Lot 3,
Twin Falls County, Idaho, lying EAST of the County Road.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee and to the Grantee's heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that they are free from all incumbrances except as described above and that Grantor will warrant and defend the same from all lawful claims whatsoever.

Dated: November 14, 1979

*T. F. Gits*T. F. GITS
Ora E. Gits
ORA E. GITS

STATE OF IDAHO, COUNTY OF Twin Falls
On this 14th day of November, 1979,
before me, a notary public in and for said State, personally appeared T. F. GITS AND ORA E. GITS, husband and wife

known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that they executed the same.

Delinda Roth
Notary Public
Residing at *Jerome*, Idaho
Comm. Expires *Life*

STATE OF IDAHO, COUNTY OF Twin Falls

I hereby certify that this instrument was filed for record at the request of TitleFact, Inc.

at 25 minutes past 1 o'clock P.m.,
this NOV 14 1979 day of
19, in my office, and duly recorded in Book 230
of Deeds at page 2186

RICHARD A. PENCE

Ex-Officio Recorder

By *Janet Brown*

Deputy.

Fees \$ 2.00

Mail to: Grantees above

INSTRUMENT No. 771780

INDEXED
DIRECT
REVERSE

GENERAL POWER OF ATTORNEY

I, DELVA EASTMAN, of Twin Falls County, State of Idaho, designate and appoint KATHLEEN EASTMAN of Valley County, State of Idaho, AND/OR REBECCA EASTMAN of Washington County, State of Oregon, as my attorney in fact and agent (subsequently called "agent") to act in my name and for my benefit. I grant to my agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present and fully competent, hereby ratifying and confirming all that my agent shall lawfully do or cause to be done by virtue of this power of attorney and the powers herein granted.

1. General Grant of Power. My agent shall have power to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including, without limitation, the powers specifically enumerated in this instrument. Generally, my agent shall have power to do and perform all matters, transact all business, and make, execute and acknowledge all contracts, orders, deeds, mortgages, leases, assignments, assurances, and instruments of every kind which may be requisite or proper to effectuate the purposes of this general power of attorney.

2. Specific Powers. Without in any way limiting the generality of the power and authority conferred upon my agent by this instrument, my agent shall have and may exercise each of the following specific powers:

(a) Power to Acquire and Sell. To acquire, purchase, exchange, grant options and sell, assign, release, convey, mortgage, hypothecate, lease, and accept and take possession of real and personal property and interests therein, both tangible and intangible, upon such terms, conditions, and covenants as my agent shall deem proper and to sign, seal, execute and deliver and acknowledge such deeds, leases, contracts, assignments, indentures, agreements, mortgages, deeds of trust, bills of sale, security agreements and related forms, exchange agreements, bills, bonds, notes, receipts, releases and satisfactions of mortgages, security interests, and judgments, and such other instruments in writing as shall be proper.

(b) Borrowing and Banking Powers. To borrow monies on my behalf and to sign, seal, execute, deliver and acknowledge on my behalf such promissory notes, bills, bonds, or other evidence of indebtedness and such mortgages, deeds of trust, security agreements, pledges, or other documents to

secure the payment of borrowed funds as my agent shall deem proper. To make, receive, and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, in banks, savings and loan associations, and other financial institutions, and to release such mortgages, deeds of trust, or other security instruments as may be necessary or proper in the exercise of the rights and powers herein granted.

(c) Powers of Collection and Payment. To forgive, request, demand, sue for, recover, collect, receive and hold all sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, social security, medicare, insurance, and other contractual benefits and proceeds, all documents of title, all property and property rights, real or personal, intangible and tangible, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by, or due, owing, payable or belonging to, me or in which I have or may hereafter acquire an interest. To have, use, and take all lawful means and equitable and legal remedies and proceedings in my name and for the collection and recovery thereof including the enforcement of mortgages, deeds of trust and security instruments, and to adjust, sell, compromise, and agree for the same, and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same. To pay and discharge all debts and demands due and payable or which may hereafter become due and payable by me to any person or persons whomsoever.

(d) Management Powers. To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, partition and in any manner deal with any real or personal property, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, upon such terms and conditions as my agent shall deem proper, and to transfer any or all of my assets to the trustee of any revocable living trust which I may have created.

(e) Motor Vehicles. To apply for a certificate of title upon, and endorse and transfer title to, any motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment.

(f) Business Interests. To conduct or participate in any lawful business of whatever nature; to execute partnership agreements and amendments thereto; to incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; to elect or employ officers, directors and agents; to carry out the provisions of any agreement for the sale of any business interest or the stock therein; and to exercise voting rights with respect to stock, either in person or by proxy, and exercise stock options.

(g) Tax Powers. To prepare, sign and file joint or separate income tax returns or declarations of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years; to consent to any gift and to utilize any gift-splitting provision or other tax election; and to prepare, sign and file any claims for refund of any tax.

(h) Safe Deposit Boxes. To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe deposit box. Any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting my agent to exercise this power.

3. Revocability. This power of attorney is revocable, provided, that insofar as any governmental agency, bank, trust company, insurance company, transfer agent, or other person shall rely upon this power, this power may be revoked only by a notice in writing executed by me or my agent and delivered to such person or institution.

4. Interpretation. This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my agent.

5. Disability of Principal. This general power of attorney shall not be affected by disability of the principal.

6. Third-Party Reliance. Third parties may rely upon the representations of my agent as to all matters relating to any power granted to my agent, and no person who may act in reliance upon the representations of my agent or the authority granted to my agent shall incur any liability to me or my estate as a result of permitting my agent to exercise any power.

7. Successor Agent. In the event my agent dies or is determined by a court of competent jurisdiction to be incapacitated or my agent is otherwise unwilling or unable to serve, I designate GLENN EASTMAN of Twin Falls County, Idaho, as successor agent with all of the powers referred to herein

8. Governing Law. This general power of attorney is executed and delivered in the State of Idaho and the laws of the State of Idaho shall govern all questions as to the validity of this power and as to the construction of its provisions.

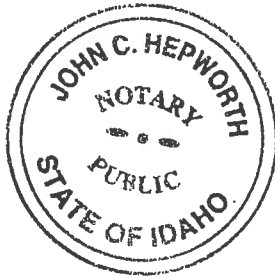
IN WITNESS WHEREOF, I have executed this General Power of Attorney this 27th day of December, 2007.

DELVA EASTMAN, Principal

STATE OF IDAHO)
) ss.
County of Twin Falls)

On this 27th day of December, 2007, before me, John C. Hepworth the undersigned, a notary public in and for said county and state, personally appeared DELVA EASTMAN, known or identified to me to be the person whose name is subscribed to the within instrument by placing her mark thereon, and acknowledged to me that she executed the same by placing her mark thereof.

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



John C. Hepworth
NOTARY PUBLIC FOR IDAHO
Residing at: Twin Falls, Idaho
My Commission Expires: 1-11-09

F:\DOCS\CLOSED-FILES\E\EastmanD\Gen POA 121226.wpd/sh

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
CERTIFICATE OF DEATH

Date Filed NOVEMBER 20, 2003

State File No. 2003-08676

DECEDENT - LEGAL NAME JESS OLIVER EASTMAN, JR.			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 78 YEARS	DATE OF BIRTH JANUARY 17, 1925
BIRTHPLACE BUHL, IDAHO		PLACE OF RESIDENCE BUHL, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		IF SURVIVING SPOUSE (If wife, maiden name) DELVA CURTIS	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME JESS O. EASTMAN, SR.		BIRTHPLACE ILLINOIS	
MOTHER - MAIDEN NAME HARRIET CRUMB		BIRTHPLACE ILLINOIS	
METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE STEPHEN BONAR		
NAME AND ADDRESS OF FUNERAL HOME FARMER FUNERAL CHAPEL, BUHL, IDAHO			
DATE OF DEATH NOV. 10, 2003	TIME OF DEATH 6:00 A.M.	CITY, TOWN OR LOCATION OF DEATH BUHL, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) ACUTE RESPIRATORY FAILURE		Approximate Interval Between Onset and Death DAYS	
DUE TO (or as a consequence of): CHRONIC OBSTRUCTIVE LUNG DIS.		YEARS	
DUE TO (or as a consequence of): [REDACTED]			
DUE TO (or as a consequence of): [REDACTED]			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above BPH			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER ROBERT S. LOBB, M.D.	TITLE PHYSICIAN	
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: NOVEMBER 21, 2003

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Jess Oliver (Ted) Eastman Jr. - Buhl

Jess Oliver (Ted) Eastman Jr. passed away peacefully at his home on Nov. 10, 2003.

Ted was born to Jess O. Eastman and Harriet Crumb Eastman in Buhl, Idaho, on Jan. 17, 1925. He completed his grade school education at Riverton School House, a one-room country school, and graduated from Buhl High School in 1943. Ted immediately enlisted in the U.S. Navy and served his country for two years in the South Pacific as a pharmacist's mate during World War II.

On Oct. 20, 1946, he married Delva Curtis. Ted started his fisheries career at Snake River Trout Company while still in high school. Through hard work and dedication he rose to the position of hatchery manager and plant superintendent. In 1966, after 24 diligent years at Snake River Trout, he founded Clear Springs Trout Co. With the help of numerous friends and family, Ted led the expansion of Clear Springs from its humble beginnings to the present day Clear Springs Foods Inc.

He served one term as president of the U.S. Trout Growers Association. Over the course of his long and successful career, his fellow employees felt his infectious, entrepreneurial spirit. Despite failing health, Ted's passion for his business venture never waned.

Golf, hunting and gardening were among his many pastimes. He developed a love of golf as a youth while caddying at the Buhl Country Club. His competitive spirit and nightly practice enabled him to win the title of Buhl City golf champion many times. Ted looked forward to bird and big game hunting and felt especially privileged to be a part



of his younger buddies' traditional elk hunt each October. All his neighbors and many who traveled River Road admired his immaculate vegetable garden and manicured lawn on the Snake River.

Ted expressed his sense of civic responsibility through his active participation in the Rotary Club as president and as a Paul Harris Fellow. To honor his father's tradition, he was elected to 50-year membership as a master mason in Buhl Lodge No. 53. His culinary skills (fish frying and pancake flipping) were appreciated at numerous country club, community and backyard functions.

He shared his love of the outdoors with his family through many summer camping adventures, winter skiing trips and rounds of golf. He unconditionally loved and respected all of his family, offered encouragement and gave often sought after advice. He was truly the patriarch of his family and will be

greatly missed by them and numerous loyal friends.

Ted is survived by his devoted wife of 57 years, Delva; his daughters, Kathleen Eastman (Ron Rooth) of McCall, Idaho; Rebecca Eastman of Hillsboro, Ore.; son, Glenn (Marisa) Eastman of Buhl, Idaho; one sister, Harriet (Wallace) Kendrick, also of Buhl, Idaho; one brother, Phillip (Ruth) Eastman of Pocatello, Idaho; five granddaughters; three great-grandsons; and numerous nieces and nephews.

His parents, two sisters, and one grandson preceded him in death.

The funeral for Ted Eastman will be held at 2 p.m. Friday, Nov. 14, 2003, at the First Christian Church, Buhl with West End Cemetery graveside services.

In lieu of flowers, donations may be made to Idaho Home Health & Hospice, 826 Eastland Drive, Twin Falls, ID 83301 or the Clear Lake Country Club Memorial Fund.