

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JAN 04 2011

WATER RESOURCES
WESTERN 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?
90 65-2782	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Margaret Bailey
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Linville Cabin Recreation Residence Trust
Name of each new owner as listed on the conveyance document

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

1000 Lower Bluff Road

Mailing address

Emmett ID 83617

City State ZIP

208-365-5227 richardlinville@richardlinville.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: June 7, 2010
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: [Signature] Trustee, Linville Cabin Trust January 2, 2011
Signature of new owner/claimant Title, if applicable Date

Signature: _____ Title, if applicable _____ Date _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by [Signature] Date 1-4-11 Receipt No. W038925 Receipt Amt. 25.

Approved by _____ Processed by [Signature] Date 1-5-11

Instrument # 228451

IDAHO CITY, BOISE COUNTY, IDAHO

7-21-2010 01:10:39 No. of Pages: 4

Recorded for : RICHARD K. LINVILLE

CONSTANCE SWEARINGEN

Fee: 19.00

Ex-Officio Recorder Deputy

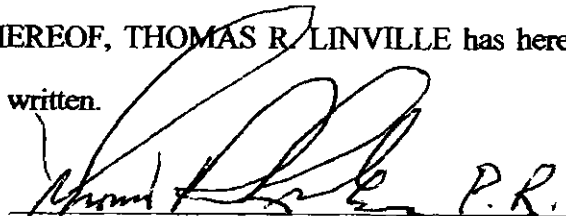
Index to: DEEDS

BILL OF SALE

On this 7th day of June, 2010, THOMAS R. LINVILLE, Personal Representative of the Estate of MARGARET BAILEY, also sometimes known as MARGARET LINVILLE, for one dollar and other good and valuable consideration, in hand paid by RICHARD K. LINVILLE, as Trustee of the LINVILLE CABIN RECREATION RESIDENCE TRUST, the receipt whereof is hereby acknowledged, does by these presents grant, bargain, sell and convey unto the said LINVILLE CABIN RECREATION RESIDENCE TRUST, the following described personal property:

The cabin, or recreation residence, located on Bear Creek Tract, Lot 6, Lowman Ranger District, Boise National Forest, Boise County, Idaho, and all improvements appurtenant thereto, whether located on or off the National Forest System recreation residence lot, including but not limited to the woodshed, foot bridge, water system, gate, septic system and propane tank.

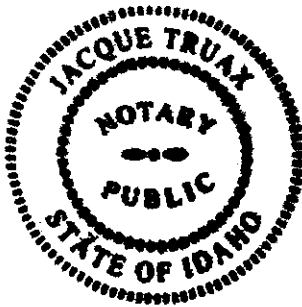
IN WITNESS WHEREOF, THOMAS R. LINVILLE has hereunto set his hand and seal, the day and year first above written.


Thomas R. Linville, Personal Representative of the
Estate of Margaret Bailey, sometimes also known as
Margaret Linville

STATE OF IDAHO)
) ss.
County of Ada)

On this 7th day of June, 2010, before me, the undersigned, a Notary Public in and for said State, personally appeared before me THOMAS R. LINVILLE, known to me to be the person whose name is subscribed to the foregoing document, and acknowledged to me that he executed the same.

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





NOTARY PUBLIC FOR IDAHO
RESIDING AT Bonai ID
MY COMMISSION EXPIRES 8/1/2014

Steven E. Alkire
EBERLE, BERLIN, KADING, TURNBOW &
McKLVEEN, CHARTERED
Boise Plaza, 1111 West Jefferson Street, Suite 530
Post Office Box 1368, Boise, Idaho 83701
Telephone: (208) 344-8535
Facsimile: (208) 344-8542
ISB: 3964

NO. _____ FILED _____
A.M. _____ P.M. _____

DEC 14 2009

J. DAVID NAVARRO, Clerk
By L. MARTIN
DEPUTY

Attorneys for Thomas Randolph Linville, Personal Representative

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

MARGARET BAILEY, also sometimes
known as MARGARET LINVILLE,

Deceased.

Case No. CV 1E 3923512

LETTERS TESTAMENTARY
(I.C. 15-3-702)

1. Thomas R. Linville is duly appointed and qualified as General Personal Representative of the estate of the above-named decedent by the Court with all authority pertaining thereto.
2. Administration of the estate is unsupervised.

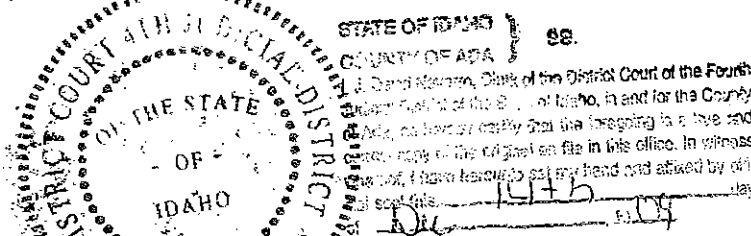
These Letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

WITNESS, my signature and the Seal of this Court, this 11th day of Dec, 2009.

CHRISTOPHER M. BIETER

MAGISTRATE

LETTERS TESTAMENTARY - I 00187586.000



STATE OF IDAHO
CERTIFICATION OF VITAL RECORDS

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

CERTIFICATE OF DEATH

Date Filed DECEMBER 01, 2009

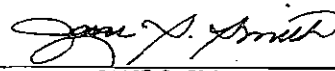
State File No. 2009-09750

DECEDENT - LEGAL NAME MARGARET VANDENBURG BAILEY			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 82 YEARS	DATE OF BIRTH JANUARY 12, 1927
BIRTHPLACE SEATTLE, WASHINGTON		PLACE OF RESIDENCE BOISE, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (If wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME STUART C VANDENBURG			BIRTHPLACE MICHIGAN
MOTHER - MAIDEN NAME EDNA TUSSING			BIRTHPLACE OHIO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE MATTHEW L. GORDON	
NAME AND ADDRESS OF FUNERAL FACILITY ALDEN-WAGGONER FUNERAL CHAPEL, BOISE, IDAHO			
DATE OF DEATH NOV. 25, 2009	TIME OF DEATH 8:05 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) CEREBRAL VASCULAR ACCIDENT			Approximate Interval Between Onset and Death 3 WEEKS
DUE TO (or as a consequence of): LEFT MIDDLE CEREBRAL ARTERY INFARCT			3 WEEKS
DUE TO (or as a consequence of):			
DUE TO (or as a consequence of):			
DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER JUDITH M. PERRY, N.P.	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 VITAL RECORDS AND HEALTH STATISTICS.

DECEMBER 02, 2009

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


JANE S. SMITH
STATE REGISTRAR

