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DEPARTMENT OF WATER RESOURCES

State of Idaho
DEPARTMENT OF WATER RESOURCES

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Receipt # NO 23618

Date cm 2-23-10

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FEB 24 2010

IDWR/North

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, Arthur G. Scarcello, do hereby assign to Milred J. Scarcello
& Laurin S. Scarcello (208) 661-6090,
[Permit Holder(s)] Phone
of 22389 Kevin RD Rathdrum ID 83858
(Full Address including City, State and Zip Code))

All my right, title and interest in and to Permit No(s). 98-9255

_____ to appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title and interest in and to Permit No(s). _____

_____ to appropriate the public waters of the State of Idaho.

(Describe portion of the permit assigned to listing the number of acres in each 40 acre subdivision, point of diversion location, and the amount of water in cubic feet per second.)

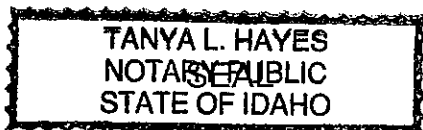
Made this _____ day of _____, 20____.

X Milred J. Scarcello
Permit Holder(s)

Permit Holder(s)

State of Idaho)
County of Kootenai) ss

On this 22nd day of February, 2010, personally appeared before me the signer(s)
of the above instrument, duly acknowledged to me that he/she/they executed the same.



Tanya L. Hayes
Notary Public

Tanya L. Hayes
Signature

My commission expires: 2-13-2015

Last Will and Testament

OF

ARTHUR G. SCARCELLO

KNOW ALL MEN BY THESE PRESENTS: That I, ARTHUR G. SCARCELLO resident of Kootenai County, State of Idaho, being of sound and disposing mind and memory and not acting under duress, menace, fraud, or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, and do hereby expressly revoke all other and former Wills and Codicils to Wills made by me.

FIRST: I hereby direct my Personal Representative hereinafter named, to pay all my just debts and funeral expenses as soon after my demise as can be conveniently and lawfully done.

SECOND: I hereby state that I am a married man and my wife's name is MILDRED J. SCARCELLO and that I have two children born as issue of my body, namely, LAURIN S. SCARCELLO and KEVIN A. SCARCELLO. KEVIN A. SCARCELLO is deceased and left one child, STEPHEN A. SCARCELLO who is omitted from this will.

THIRD: I hereby give, devise and bequeath to my beloved wife, MILDRED J. SCARCELLO all of my estate whether real, personal or mixed, of whatsoever character and wherever situated, or to which I may be entitled at the time of my death and I give the same to her absolutely and forever.

FOURTH: In the event my wife shall predecease me or if her death should occur simultaneously with mine causing any doubt which of us survives the other, or if she does not survive me by thirty (30) days, then I hereby give, devise and bequeath all of my property, whether real, personal or mixed, and wheresoever situated of which I may be entitled at the time of my death to LAURIN S. SCARCELLO who shall act as my Personal Representative.

FIFTH: To the extent permitted under the provisions of Section 15-2-513, Idaho Code, I give and bequeath those items of tangible personal property not otherwise specifically disposed of by this, my Last Will and Testament, which are described in any written statement or list which is either in my handwriting or is signed by me, and which is in existence at the time of my death, to those persons named in such written statement or list and in the manner set forth in such statement or list.

SIXTH: I hereby nominate, constitute and appoint my wife, MILDRED J. SCARCELLO as the Executrix of this my Last Will and Testament and the Personal Representative of my estate to serve without bond. In the event of her death, disability, incapacity or refusal to serve

such appointment, I hereby nominate, constitute and appoint LAURIN S. SCARCELLO as Executrix of this Will and Personal Representative of my estate, to serve without bond.

SEVENTH: I hereby authorize and empower my Personal Representative to lease, encumber, sell, exchange or otherwise deal with or dispose of all my property, real or personal, or any part thereof in such manner, at such times and upon such terms and conditions as he deems to be in the best interest of my estate. Such sale or other disposition to be made at public or private sale in the discretion of my Personal Representative and without any reference to the order of disposition of real and personal property and without any petition, citation, hearing, order, notice of sale, return of sale or any other action being required.

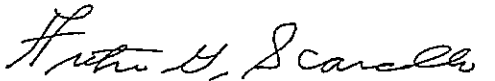
EIGHTH: I further declare that in the event at the time of my death I have on deposit in any banks, banking institutions, savings and loan associations, or other like financial institutions, any moneys either in the form of checking accounts, savings accounts, certificates of deposit, money market certificates, or other like evidences of deposit, jointly in my name and that of any third party or parties, it is my intention that any such surviving party or parties shall not take the same by right of survivorship, but that the same shall constitute a part of my estate to be disposed of as herein provided further declaring that it was not my intent, in creating any such joint account or accounts, to make any gifts to, or create in any surviving party or parties to such joint account, the right of survivorship thereto.

NINTH: Despite any resemblance of this Will to any which my wife has or may make, this Will has not and shall not be deemed to have been made pursuant to any agreement, express or implied, between my wife and myself concerning the disposition of our property or any separate property of either.

TENTH: In the event this Will is probated in a State which recognizes non-intervention Wills, I hereby declare this to be a non-intervention Will, subject to the provisions of the codes of such State; and further, in the event it is subjected to the jurisdiction of a State not recognizing the appointment of a Personal Representative, then the above named appointee or alternate may be appointed Executor, to serve without bond.

ELEVENTH: I have carefully read this Will and I understand all of its terms and provisions. It was prepared in accordance with my wishes and directions and includes all gifts and beneficiaries which I intend to make and benefit by my Will at this time.

IN WITNESS WHEREOF, I have hereunto subscribed my name at Rothdrum, Idaho, this 8 day of February, 2005.


ARTHUR G. SCARCELLO

I, ARTHUR G. SCARCELLO, the testator, sign my name to this instrument this 8 day of February, 2005, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Arthur G. Scarcello
ARTHUR G. SCARCELLO

We, Tamara J. Cramer and Sandra J. Nagel, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the testator signs and executes the instrument as his Last Will and that he signs it willingly and that each of us, in the presence and hearing of the testator hereby signs this Will as witness to the testator's signing, and that to the best of our knowledge the testator is eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

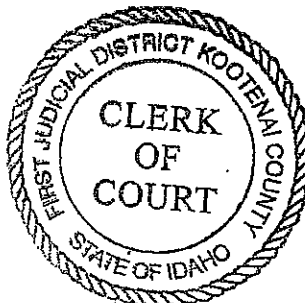
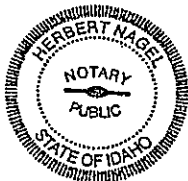
Tamara J. Cramer
Witness

Sandra J. Nagel
Witness

STATE OF IDAHO)
 :SS
County of Kootenai)

SUBSCRIBED, sworn to and acknowledged before me by ARTHUR G. SCARCELLO, the testator and subscribed and sworn to before me by Tamara J. Cramer and Sandra J. Nagel witnesses, this 8 day of February, 2005.

Herbert Nagel
Notary Public, State of Idaho
Residing at COA
My commission expires: 12-20-09



STATE OF IDAHO
COUNTY OF KOOTENAI } SS

THIS IS TO CERTIFY THAT THE FOREGOING IS
A TRUE COPY OF THE ORIGINAL NOW ON
FILE OR RECORD IN THIS OFFICE.

SEALED ON THIS 27th DAY OF Aug 09
DANIEL J. ENGLISH, CLERK OF THE DISTRICT
COURT BY Sandra J. Nagel
3-6-09 Deputy

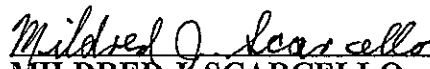
Last Will and Testament
of Arthur G. Scarcello

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, **MILDRED J. SCARCELLO**, have made, constituted and appointed and by these presents do make, constitute and appoint my son, **LAURIN S. SCARCELLO**, my true and lawful attorney for me and in my name, place, and stead, to do any and all and every act and exercise any and every power that I might or could do or exercise through any other person; to bargain, contract, agree to purchase, receive and take lands, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage, and hypothecate lands, tenements, and hereditament upon such terms and conditions and under such covenants as he shall think fit, and to make and transact and do all and every kind of business whatsoever that he shall deem advisable and proper, intending hereto vest in his full and universal power of attorney, giving and granting unto my said attorney full power whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming whatsoever my attorney shall not be affected by subsequent disability or incapacity of the principal and shall be recognized as a Durable Power of Attorney under the laws and statutes of the State of Idaho.

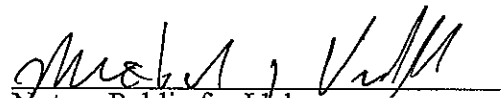
IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of June, 2009.


MILDRED J. SCARCELLO

STATE OF IDAHO)
 ss)
County of Kootenai)

On this 24 day of June, 2009, before me, the undersigned Notary Public in and for Idaho, personally appeared **MILDRED J. SCARCELLO**, known to me to the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same.




Notary Public for Idaho
Residing at: CH
Commission expires: 4/29/10

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FEB 24 2010

IDWR / NORTH

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

CERTIFICATE OF DEATH

STATE FILE NO.

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 §36-241(4) AND §36-274, IDAHO CODE

Local Reg. No. I-323

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	★ 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Arthur G. Scarcello		2. SEX Male	3. SOCIAL SECURITY NUMBER 720-18-1598	
	4a. AGE-Last Birthday 89 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) May 30, 1919		
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Kootenai		
	7c. CITY OR TOWN Rathdrum		7d. STREET AND NUMBER 22389 North Kevin Road		
PARENTS	9. 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) Mildred Bricker		
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Antonius J. Scarcello		
INFORMANT	11b. BIRTHPLACE (State, Territory, or Foreign Country) Italy		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Josephina Esposito		
	12b. BIRTHPLACE (State, Territory, or Foreign Country) Italy		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 22389 North Kevin Road Rathdrum, Idaho 83858		
DISPOSITION	13a. INFORMANT'S NAME (Type or print) Mildred Scarcello		13b. RELATIONSHIP TO DECEDENT Wife		
	14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Pinegrove Cemetery Rathdrum, Idaho 83858		
PLACE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Yates Funeral Home 744 North 4th Street Coeur d'Alene, Idaho 83814		17. LICENSE NUMBER (Of licensee) M-790		
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No		19. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ 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) Kootenai Medical Center		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Coeur d'Alene 83814		
	22. COUNTY OF DEATH Kootenai		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 6, 2009		
CAUSE OF DEATH	24. TIME OF DEATH 1800 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 6, 2009		
	26. TIME PRONOUNCED DEAD 1800 (24hr)		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. Complications of Neck Fracture 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):		
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Pending Investigation ☐ Suicide ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) Dec 12, 2008		
	33. TIME OF INJURY Unknown (24 hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) unknown		
REGISTRAR	35. INJURY AT WORK? ☐ Yes ☒ No		36. LOCATION OF INJURY: State Unknown City/Town or County Unknown Zip Code		
	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 In motor vehicle accident - unknown passenger or driver		38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☒ Other (Specify)		
38b. WHAT SAFETY DEVICE(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 ☐ CORONER - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. - 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: T. Calderwood		39b. LICENSE NUMBER M-10189	
39c. DATE SIGNED 4.8.2009		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: Godoy De Luca		41a. REGISTRAR'S SIGNATURE Loren Holm	
41b. DATE SIGNED 04.13.2009		42. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Dr. Terence Calderwood, 1106 West Ironwood Drive, Coeur d'Alene, Idaho 83814		43. SIGNATURE OF REGISTRAR Jane S. Smith	

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: **APR 13 2009**

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

JANE S. SMITH
STATE REGISTRAR

