

RECEIVED *DEV*

FEB 12 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

DEPARTMENT OF
WATER RESOURCES

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case IDWR will produce new water right number(s) for the split(s).

Water Right No(s)	Adjudication Claim No(s)	Split(s)	Water Right No(s)	Adjudication Claim No(s)	Split(s)
<i>RD</i> 72-195A	72-195A				
<i>RD</i> 72-195B	72-195B				
<i>RD</i> 72-04091A	72-04091A				
<i>RD</i> 72-04091B	72-04091B				

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are on file with the county Planning and Zoning or Recorder's Office).
- OR**
- D. If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency or equivalent **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

Geraldine M. Heiner
4846 Navuloa Dr
Salt Lake City, Utah 84117

4. New Owner/Claimant(s)

Whitetecloud Ranch L.L.C.

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

P.O. Box 425

City, State and ZIP Code

Hailey, Idaho 83333

New Telephone Number

(208) 788-6474 Email: *whytecloud@aol.com*

208-720-2223

SUPPORT DATA

IN FILE # *72-195A*

5. Date you acquired the property

1/9/02 (Please note warranty Deed which i have enclosed)

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in line 1, then skip this line and go to line 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (you may copy this page, if necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right will not be split, skip this area and proceed to line 7)		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

7. Signature(s) of New Owner(s) or Claimant(s)

 Owner/Manager
(title if applicable)
(title if applicable)

IT IS IMPORTANT TO FILE THIS COMPLETED FORM AT THE APPROPRIATE IDWR OFFICE, WITH PAYMENT OF THE FILING FEE AND THE OWNERSHIP DOCUMENT(S), AS REFERRED TO IN LINE 2.

For IDWR Office Use Only:

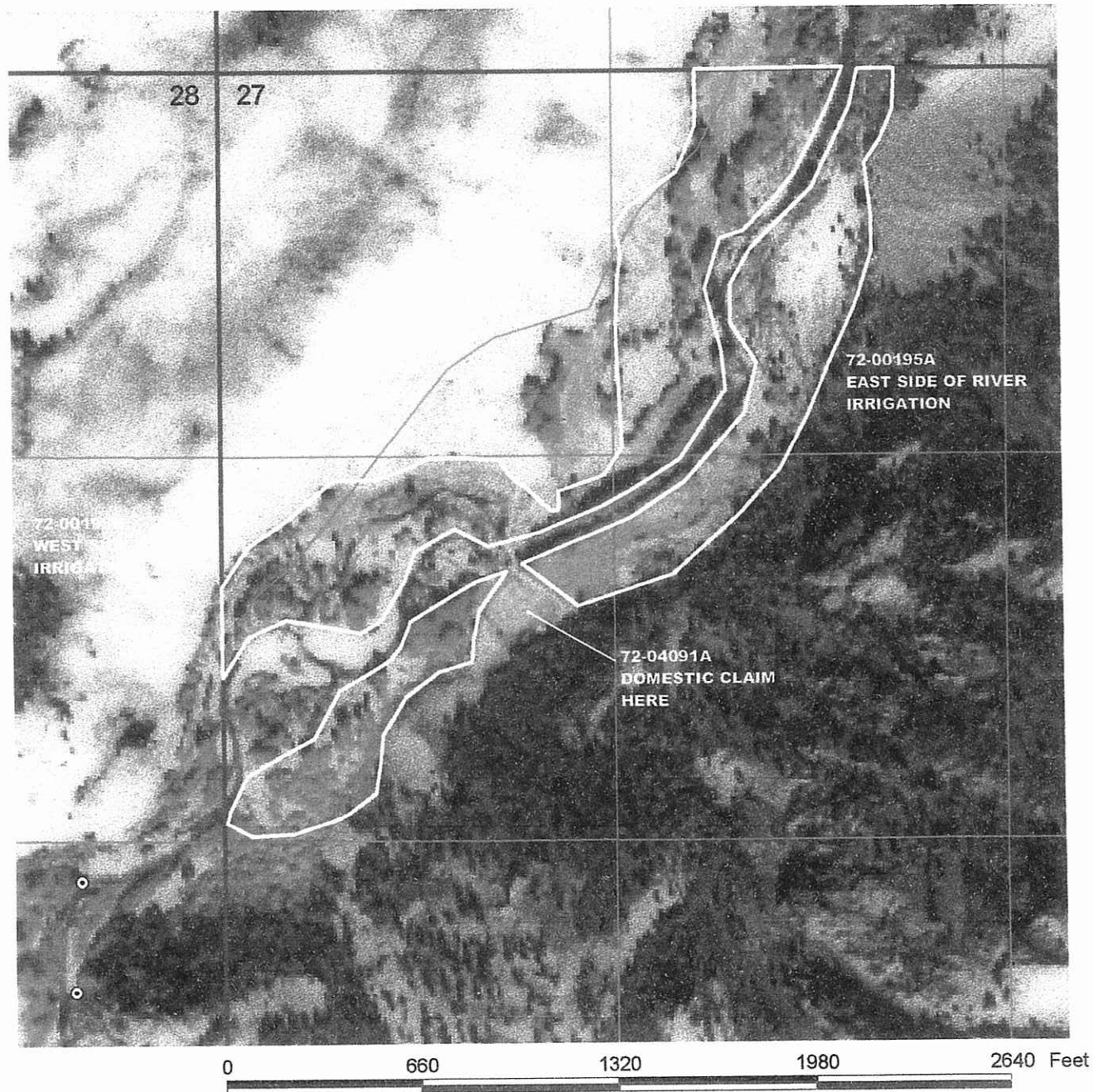
Received by _____
Received by SR7
Processed by _____ AJ

Date _____
Date 2.12.2010
Date _____

Receipt Amt. \$100 -
Receipt No. C090008
WR _____ Date _____

**RIGHT 72-00195A and 72-00195B
HEINER**

**RECOMMENDED PLACE OF USE
TWP 09N, RNG 17E, SEC 27 AND 28
data entry on October 9, 1998**



- RECOMMENDED PLACE OF USE**
- ⊙ **RECOMMENDED POINT OF DIVERSION**
 - ▭ **SECTION LINES**
 - ▭ **QUARTER/QUARTER LINES**
 - ▭ **SUBDIVISION LOT BOUNDARIES**

**GIS PLACE OF USE PRESENTATION
1987 OR 1988 NAPP AERIAL PHOTOTGRAPHY
DATA ENTRY BY VIKIE HANCOCK**

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Access to information on this form is limited under the Vital Statistics Act and Rules

LOCAL FILE NUMBER 18-1743		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Geraldine McKissick Heiner		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) April 18, 2005
4. DATE OF BIRTH (Mo., Day, Yr.) May 9, 1938		5. AGE - Last Birthday (Years) 66	6. BIRTHPLACE (City & State or Foreign Country) Park City, Utah
7. SOCIAL SECURITY NUMBER [REDACTED]		3b. TIME OF DEATH (24 Hr. Clock) 1140	
8a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED IN A HOSPITAL: ☐ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. DOA ☐ 4. Nursing Home/Long term care facility ☐ 5. Decedent's Home ☐ 7. Other (specify) _____ IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____			
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 4846 Naniloa Drive		8c. COUNTY OF DEATH Salt Lake	8d. CITY, TOWN OR LOCATION OF DEATH Holladay
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? ☐ 1. Yes ☒ 2. No		10. MARITAL STATUS ☐ 1. Never Married ☐ 2. Married ☐ 3. Widowed ☐ 4. Divorced ☐ 5. Married, but separated ☐ 6. Unknown	
11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) [REDACTED]		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT enter retired.) Homemaker	
12b. KIND OF BUSINESS OR INDUSTRY Own Home		13a. RESIDENCE - STREET AND NUMBER 4846 Naniloa Drive	
13b. STATE Utah		13c. COUNTY Salt Lake	13d. CITY, TOWN, COMMUNITY, OR RURAL Holladay
13e. ZIP CODE 84117		13f. INSIDE CITY LIMITS? ☐ 1. Yes ☒ 2. No	
14. FATHER'S NAME (First, Middle, Last) Emmett Ray McKissick		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Zelpha Skinner	
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Cyndy Heiner Swenson, Daughter, 6998 Baseline Road, Boulder, Colorado 80303			
17. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☐ 4. Burial ☐ 5. Cremation ☐ 6. Removal			
18a. DATE OF DISPOSITION April 22, 2005		18b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wasatch Lawn Memorial Park	
19a. LOCATION OF DISPOSITION - City or Town, State Salt Lake City, Utah		19b. LICENSEE NUMBER 22-112431	
20. FUNERAL HOME (Name and complete address) Larkin Sunset Lawn 2350 East 1300 South Salt Lake City, Utah 84108		21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Terrell L. French</i>	
22. CERTIFIER (Check only one) ☒ 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. ☐ 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated. M.E. Case No. _____ SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> LIC. NO. 181657-1205 DATE SIGNED 4/19/05			
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) Mary Jane Norman, M.D. / 4285 S. Highland Dr. / S.L.C. / UT 84124		23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 4/18/05	
24. 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. <i>Hypoxemia</i> b. <i>Cor Pulmonale</i> c. <i>Right sided heart failure</i> d. _____ Approximate Interval Between Onset and Death: <i>weeks</i> <i>years</i> <i>years</i> PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 25a. WAS AN AUTOPSY PERFORMED? ☐ 1. Yes ☒ 2. No 25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 1. Yes ☒ 2. No			
26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: ☐ 1. Probably contributed to the cause of death ☒ 2. Was the underlying cause of death ☐ 3. Did not contribute to the cause of death ☐ 4. Is unknown in relation to the cause of death ☐ 5. NON USER ☐ 6. UNKNOWN IF USER			
27. MANNER OF DEATH ☒ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Could not be Determined ☐ 6. Pending Investigation			
28. IF FEMALE ☒ 1. Not pregnant within past year ☐ 2. Pregnant at time of death ☐ 3. Not pregnant, but pregnant within 42 days of death ☐ 4. Not pregnant, but pregnant 43 days to 1 year before death ☐ 5. Unknown if pregnant within the past year		29a. DATE OF INJURY (Mo., Day, Yr.) [REDACTED]	
29b. TIME OF INJURY (24 Hr. Clock) [REDACTED]		29c. INJURY AT WORK? ☐ 1. Yes ☒ 2. No	
29d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) [REDACTED]		29e. If motor vehicle accident: ☐ 1. Driver ☐ 2. Passenger ☐ 3. Pedestrian ☐ 4. Other ☐ 5. Unknown	
29f. LOCATION (Street or rural route number, city or town, county and state) [REDACTED]			
29g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in Item 24) [REDACTED]			
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish/Hispanic/Latino.) ☐ 1. Yes ☒ 2. No (If yes, check the box that best describes whether the decedent is Spanish/Hispanic/Latino.) ☐ 1. Yes, Mexican, Mexican American, Chicano ☐ 2. Yes, Cuban ☐ 3. Yes, Puerto Rican ☐ 4. Yes, other Spanish/Hispanic/Latino (Specify) _____			
31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) ☒ 01. White ☐ 02. Black or African American ☐ 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ ☐ 04. Chinese ☐ 05. Japanese ☐ 06. Native Hawaiian ☐ 07. Filipino ☐ 08. Other Asian (Specify) _____ ☐ 09. Asian Indian ☐ 10. Korean ☐ 11. Samoan ☐ 12. Vietnamese ☐ 13. Guamanian or Chamorro ☐ 14. Other Pacific Islander (Specify) _____ ☐ 15. Other (Specify) _____			
32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) ☐ 1. 8th grade or less ☐ 2. 9th - 12th grade; no diploma ☒ 3. High School graduate or GED completed ☐ 4. Some college credit, but no degree ☐ 5. Associate degree (e.g., AA, AS) ☐ 6. Bachelor's degree (e.g., BA, BS) ☐ 7. Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) ☐ 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD)			
33. REGISTRAR'S SIGNATURE <i>Suzanne Kirkham</i> M.P.A.		34. DATE FILED (Mo., Day, Yr.) April 20, 2005	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

April 20, 2005

County

SALT LAKE

Registrar

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By

Ellen Freeman



SDH-BVPHS 95 (9/96)

LL01323025



* 0 1 5 2 3 0 2 5 *

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

**ACCEPTANCE OF APPOINTMENT
AS SUCCESSOR CO-TRUSTEE
OF
THE GERALDINE M. HEINER REVOCABLE TRUST**

I, Scott McKissick Heiner, hereby accept appointment as successor co-trustee of The Geraldine M. Heiner Revocable Trust, under trust agreement dated February 5, 1993, as amended and restated in its entirety by trust agreement dated April 13, 2005 (the "trust agreement"). I have read the trust agreement and agree to act as trustee under its terms. My acceptance is effective as of the date set forth below.



Scott McKissick Heiner

STATE OF IDAHO)
COUNTY OF Blaine) ss.

Subscribed and sworn to before me this 21st day of May, 2005, by Scott McKissick Heiner.

WITNESS my hand and official seal.

My commission expires: 12/4/10



Debbie McMullin

Notary Public Exp. 12/4/10

Mail to: Secretary of State
Corporations Section
1560 Broadway, Suite 200
Denver, CO 80202
(303) 894-2251
Fax (303) 894-2242

For office use only 031

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DONETTA DAVIDSON
COLORADO SECRETARY OF STATE

20011156042 C
\$ 50.00
SECRETARY OF STATE
08-08-2001 14:57:06

MUST BE TYPED
FILING FEE: \$50.00
MUST SUBMIT TWO COPIES

**Please include a typed
self-addressed envelope**

ARTICLES OF ORGANIZATION

I/We the undersigned natural person(s) of the age of eighteen years or more, acting as organizer(s) of a limited liability company under the Colorado Limited Liability Company Act, adopt the following Articles of Organization for such limited liability company:

FIRST: The name of the limited liability company is: Whitecloud Ranch LLC

SECOND: Principal place of business (if known): 6998 Baseline Road, Boulder, Colorado, 80303

THIRD: The street address of the initial registered office of the limited liability company is: 6998 Baseline Road,
Boulder, Colorado 80303

The mailing address (if different from above) of the initial registered office of the limited liability company is:
Same as above.

The name of its proposed registered agent in Colorado at that address is: Cynthia Heiner Swenson

FOURTH: X The management is vested in managers (check if appropriate)

FIFTH: The names and business addresses of the initial manager or managers or if the management is vested in the members, rather than managers, the names and addresses of the member or members are:

NAME

ADDRESS (include zip codes)

Geraldine M. Heiner

4846 Naniloa Drive, Salt Lake City, Utah 84111

Cynthia Heiner Swenson

6998 Baseline Road, Boulder, CO 80303

Scott McKissick Heiner

520 Shoshone Road, Hailey, ID 83333

SIXTH: The name and address of each organizer is:

NAME

ADDRESS (include zip code)

Stephanie M. Tuthill, Esq.

Holme Roberts & Owen LLP

1700 Lincoln Street, Suite 4100

Denver, Colorado 80203

ed Stephanie M. Tuthill
Organizer

Signed _____
Organizer

WARRANTY DEED

FOR VALUE RECEIVED, Geraldine M. Heiner and Cynthia Ann Heiner Swenson (formerly Cynthia Ann Heiner), Trustees of the Geraldine M. Heiner Revocable Trust, dated February 5, 1993, Grantors do Bargain, Sell and Convey unto Whitecloud Ranch LLC, a Colorado LLC, qualified and registered to do business in the State of Idaho, the Grantee, whose current address is 6998 Baseline Road, Boulder, Colorado, 80303, the following described premises, in Custer County, Idaho, to-wit:

See attached Exhibit "A"

Together with all appurtenances.

TO HAVE AND TO HOLD the said premises, with their appurtenances, unto the said Grantee, its successors and assigns forever. And the said Grantors do hereby covenant to and with the said Grantee, that they are the owners in fee simple of said premises; that they are free from all encumbrances save and excepting therefrom all covenants, conditions and restrictions of record and all easements of sight and of record as recorded in the records of Custer County, Idaho, and that it will warrant and defend the same from all lawful claims whatsoever.

Dated: 1/9/02

Geraldine M. Heiner
Geraldine M. Heiner, Trustee

Geraldine M. Heiner, Trustee

Cynthia Heiner Swenson
Cynthia Heiner Swenson (formerly Cynthia Ann Heiner), Trustee

Cynthia Heiner Swenson (formerly Cynthia Ann Heiner), Trustee

STATE OF Nevada)
County of Clark)
SS:

On this 4th day of January, 2002, before me, a Notary Public in and for said State, personally appeared Geraldine M. Heiner, Trustee of the Geraldine M. Heiner Revocable Trust, dated February 5, 1993, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that she executed the same.

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

Theola Mallett
Notary Public
My Commission Expires on 1/4/03

Notary Public

My Commission Expires on 1/4/03



#75.01m

STATE OF Colorado)
)
County of Boulder)
)
SS:

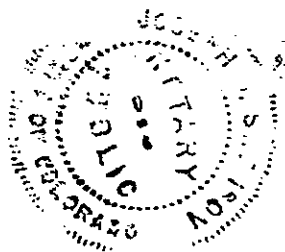
On this 9th day of January, 2002, before me, a Notary Public in and for said State, personally appeared Cynthia Heiner Swenson (formerly Cynthia Ann Heiner), Trustee of the Geraldine M. Heiner Revocable Trust, dated February 5, 1993, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that she executed the same.

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

James D. Swenson

Notary Public

My Commission Expires on 4-16-2002



0224263
Custer County Req. of
James Bennett
Time 4:55 PM Date 1/23/2002
Ethel M. Peck, Clerk
Janet Jangie \$ 12.00
Deputy

EXHIBIT "A"

The Southwest Quarter of the Northwest Quarter (~~SW~~~~NW~~); the East Half of the Northwest Quarter (~~E~~~~NW~~), all in Section Twenty-seven (27), Township Nine (9) North, Range Seventeen (17) East of the Boise Meridian.

Section 27, Lot 2, Township 9 North, Range 17 East, Boise Meridian, Custer County, Idaho; Lot 2, as shown on the Official Plat of survey dated October 24, 1989, as filed at the Idaho State Bureau of Land Management Office, with the following perimeters:

Beginning at the NW 1/16 section corner of Section 27, Township 9 North, Range 17 East, Boise Meridian, Idaho; thence North 0°10' East, on the north and south center line of the NW~~1~~/~~16~~, 10.255 chs. distance to Angle Point 8; thence South 24°32' West, 2.86 chs. to Angle Point 7; thence South 72°46' West, 5.10 chs. to Angle Point 6; thence South 55°18' West, 2.89 chs. to Angle Point 5; thence South 37°52' West, 5.735 chs. to Angle Point 4 on the east and west center line of the NW~~1~~/~~16~~; thence North 89°52' East, on the east and west center line of the NW~~1~~/~~16~~, 11.925 chs., distance to the NW 1/16 section corner of Section 27 and place of beginning.

SAVE AND EXCEPT the following described parcels, to-wit:

PARCEL A:

Commencing at the NW corner of the NE~~1~~/~~NW~~1/4, Section 27, Township 9 North, Range 17 East, Boise Meridian, Custer County, Idaho, the Point of Beginning of this description; thence South 0°10' West along the West boundary of such NE~~1~~/~~NW~~1/4 9.755 chains, thence North 29°59' East, 3.015 chains; thence North 43°41' East, 4.195 chains; thence North 27°06' East, 4.625 chains to the North boundary of the described NE~~1~~/~~NW~~1/4; thence South 89°57' West along the North boundary of such NE~~1~~/~~NW~~1/4, 6.48 chains, more or less, to the Point of Beginning.

CONTINUED:

PARCEL C:

Commencing at the NW corner of the SW~~1~~/~~4~~NW~~1~~/~~4~~, Section 27, Township 9 North, Range 17 East, Boise Meridian, Custer County, Idaho; the Point of Beginning of this description; thence South 0°04' West along the West boundary of such SW~~1~~/~~4~~NW~~1~~/~~4~~, 10.075 chains, thence North 32°27' East, 3.305 chains, thence North 48°34' East, 2.755 chains, thence North 37°52' East, 6.945 chains to the North boundary of the described SW~~1~~/~~4~~NW~~1~~/~~4~~; thence South 89°52' West along the North boundary of such SW~~1~~/~~4~~NW~~1~~/~~4~~, 8.09 chains, more or less, to the Point of Beginning.