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6/06/06
RECEIVED
JUN 06 2006
IDWR/North

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

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, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
RD 95-7499					

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 usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) are for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **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)

GEORGE E. CARLSON, DOROTHY N. CARLSON
1979 E. 16th AVE., POST FALLS, ID 83854

4. New Owner/Claimant(s)

ERIC A. CARLSON, JON D. CARLSON
Name Connector (Check one): [] and, [] or, ☒ and/or

New Mailing Address

2617 S. BOWDISH RD.

City, State and ZIP Code

SPOKANE VALLEY, WA 99206

New Telephone Number

(509) 951-3322

5. Date you acquired the property

DECEMBER, 2002
BENEFICIARIES OF THE REAL PROPERTY (FROM LAST WILL & TESTAMENT OF GEORGE E. CARLSON) ASSOCIATED WITH THIS WATER RIGHT

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 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 (one water right per box, you may copy this page as 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(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

DESCRIPTION OF YOUR PORTION OF WATER RIGHT
(If the right(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s)
(include title if applicable)

Eric A. Calhoun
John J. Jackson

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.

For Office Use Only

Received by <u>DP</u>	Date <u>6/6/06</u>	Fee <u>\$25⁰⁰</u>
Receipted by <u>DP</u>	Date <u>6/6/06</u>	Receipt No. <u>N 017641</u>
Processed by _____	AJ Date _____	WR _____ Date _____

COMPARED

554235

WARRANTY DEED

BOOK 233 PAGE 169

FOR VALUE RECEIVED, OPAL LEE COCHRAN, a widow,
the Grantor, does hereby grant, bargain, sell and convey
unto GEORGE E. CARLSON and DOROTHY A. CARLSON, husband
and wife, the Grantees, the following described premises
in Kootenai County, Idaho, to-wit:

Part of Government Lot 5 in Section
8, Township 52 North, Range 4 W.B.M.,
Kootenai County, State of Idaho, de-
scribed as follows:

Beginning on West shore of Lower Twin
Lakes at point of intersection of
section line between Sections 8 and
17, Township 52 North, Range 4 W.B.M.,
running North 30° West, 260 feet along
shore to foot of Rocky Ledge; thence
South 26°, West, along foot of Rocky
Ledge to a point on Section line;
thence Easterly 242 feet, more or less,
on Section line to point of beginning.

TO HAVE AND TO HOLD the said premises, with
their appurtenances unto the said Grantees, their heirs,
and assigns forever. And the said Grantor does hereby
covenant to and with the said Grantees, that she is the
owner in fee-simple of said premises; that they are free
from all encumbrances except easements apparent and of
record, and that she will warrant and defend the same
from all lawful claims whatsoever.

Dated this 14th day of October, 1969.

Opal Lee Cochran

STATE OF IDAHO)
) ss.
County of Kootenai)

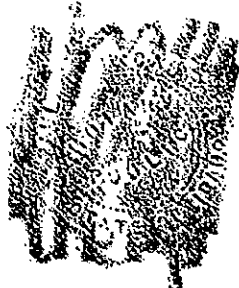
On this 14th day of October, 1969, before me,

UNRECORDED

BOOK 233 PAGE 170

the undersigned Notary Public, personally appeared OPAL
LEE COCHRAN, a widow, known to me to be the person whose
name is subscribed to the foregoing instrument, and she
acknowledged to me that she executed the same.

WITNESS my official seal.



Paul D McCh

Notary Public for Idaho
Residing at Coeur d' Alene
My commission expires: 1-16-73

Paul McChesney

220

P

167862

Chick Peterson

200

George E. Carlson, Jr. #2 - Box 88

Post Falls, Idaho

US Bank
Trust Real Estate
PO Box 3588, SO-WA-T7TR
Spokane, WA 99220-3588

1769900

STATE OF IDAHO
COUNTY OF KOOTENAI
AT THE REQUEST OF

US Bank

2002 DEC 16 A 11:23

DANIEL J. ENGLISH

DEPUTY

FEES.

QUITCLAIM DEED

FOR VALUE RECEIVED, US BANK, N.A., formerly the Idaho First National Bank, as Trustee of the DOROTHY CARLSON RESIDUARY TRUST, the Grantor, does hereby release, remise and forever quitclaim unto JON CARLSON, a single person, whose address is 714 E. Broadway, Monmouth, IL 61462, and to ERIC CARLSON, a married man as his sole and separate property, whose address is 2617 S. Bowdish Rd., Spokane, WA 99206, as Grantees, equally as tenants in common the following described premises to wit, situated in Kootenai County, State of Idaho, together with all after acquired title of the Grantor therein:

A part of Government Lot 5 in Section 8, Township 52 North, Range 4 West, Boise Meridian, Kootenai County, State of Idaho, described as follows:

Beginning on West shore of Lower Twin Lakes at point of intersection of section line between Sections 8 and 17, Township 52 North, Range 4 West, Boise Meridian, running North 30° West, 260 feet along shore to foot of rocky ledge; thence

South 26° West, along foot to rocky ledge to a point on section line; thence

Easterly 242 feet, more or less, on section line to Point of Beginning.

together with their appurtenances.

DATED this 19th day of November, 2002.

US BANK, N.A.

By:

John Skogmo
JOHN SKOGMO, Trust Account
Officer

MIKE McDOWELL
KOOTENAI COUNTY ASSESSOR
PO Box 9000
451 Government Way
Coeur d'Alene, ID 83816-9000

ASSESSMENT NOTICE

BUDGET HEARING INFORMATION

2006 Annual - Real Property

THIS IS NOT A BILL.
DO NOT PAY.

June 5, 2006
1501

For any questions, please notify the Assessor's Office immediately.
Assessor's Telephone Number: (208) 446-1500

CARLSON JON ETAL
2617 S BOWDISH RD
SPOKANE VALLEY WA 99206-5738

120884
1/1
40059 102 108



Serial # 120884

Parcel # 52N04W086500

Tax Code Area: 127000

Parcel Address: 20849 N ALTAMONT RD
Parcel Description: TAX #7413 IN LT 5

ASSESSED VALUE OF YOUR PROPERTY

CURRENT CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
12 Rural Land	0.6250		414480
34 Res imp on 12			80281
Sub Total:	0.6250		494761
Less Homeowners Exemption:			
Net Taxable Property Value:	0.6250		494761

BUDGET HEARING INFORMATION

TAXING DISTRICTS			PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
KOOTENAI COUNTY			208-446-1603	Sept 5, 2006 7:00pm
LAKES HWY			208-772-7527	Aug 21, 2006 1:15pm
LAKELAND SD272			208-687-0431	June 12, 2006 5:30pm
KCF LIBRARY			208-772-5612	Aug 30, 2006 2:30pm
FLOOD CTRL #17			208-765-6821	Aug 31, 2006 7:00pm
TWIN LKS REC SWR			No Response	No Response
NIC			208-769-3340	June 21, 2006 6:00pm
KMC			208-666-2003	Nov 27, 2006 12:15pm
KOOTENAI - EMS			208-676-8739	July 27, 2006 3:00pm
Subtotal:				
Fees:				
Total Property Taxes and Fees:				

THIS IS NOT A BILL. DO NOT PAY.
See the back of this Notice for details.

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 38-2411 & 38-2412

State File No. _____
Local Reg. No. I-1005

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN NAME OF DECEDENT For use by physician or institution	DECEASED DECEDENT - NAME FIRST MIDDLE LAST GEORGE ERIK CARLSON		SEX Male	DATE OF DEATH (Month, Day, Year) Sept. 6, 2002
	SOCIAL SECURITY NUMBER [REDACTED]		AGE - Last Birthday (Yrs.) 96	DATE OF BIRTH (Month, Day, Year) July 6, 1906
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		BIRTHPLACE (City and State or Foreign Country) Sorsele, Sweden	
	PLACE OF DEATH (Check only one) (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA (4) ☒ Long-Term Care Facility (5) ☐ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify) _____			
FACILITY NAME AND ADDRESS (If not a residence, enter name of place, street and number) Loyalton- 205 E. Anton				
CITY, TOWN OR LOCATION OF DEATH Coeur d' Alene				
COUNTY OF DEATH Kootenai				
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed				
SURVIVING SPOUSE (If wife, give maiden name) _____				
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer				
KING OF BUSINESS/INDUSTRY Agriculture				
RESIDENCE STATE Idaho		COUNTY Kootenai		CITY, TOWN OR LOCATION Post Falls
INSIDE CITY LIMITS? ☒ Yes ☐ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE - American Indian, Black, Japanese, White, etc. (Specify) White
STREET AND NUMBER 1657 N. Greensferry Rd.		ZIP CODE 83854		
FATHER - NAME Carl Carlson				
BIRTHPLACE Sweden				
MOTHER - FULL MAIDEN NAME Theresa Yohanson				
BIRTHPLACE Sweden				
INFORMANT'S NAME (Type/print) Eric Carlson				
MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2617 S. Bowdish, Spokane, WA 99206				
METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____				
PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) North Idaho Crematory				
LOCATION - City or Town, State Coeur d' Alene, Idaho				
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (License Number of Licensee) [Signature] M-779				
NAME AND ADDRESS OF FACILITY English Funeral Chapel 1700 N Spokane Post Falls, ID 83854				
TIME OF DEATH 1600 p.m. Sept. 6, 2002				
DATE PROHOUNCED DEAD (Month, Day, Year)				
WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No				
MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined				
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE a. Acute Cerebral vascular accident DUE TO (or as a consequence of): b. Atherosclerotic peripheral vascular disease DUE TO (or as a consequence of): c. Hypercholesterolemia DUE TO (or as a consequence of): d. _____				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Coronary artery disease,				
WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No				
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No				
CERTIFIER (Check only one) ☒ 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. ☐ 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 as stated.				
SIGNATURE AND TITLE OF CERTIFIER Henry C. Downs M.D.				
LICENSE NUMBER M 8149				
DATE SIGNED (Month, Day, Year) 9-10-02				
NAME AND ADDRESS OF CERTIFIER (Type/print) Henry C. Downs, M.D. 700 Ironwood Dr., Coeur d' Alene, ID 83814				
DATE OF INJURY (Mo, Day, Yr) _____				
HOUR OF INJURY _____				
DESCRIBE HOW INJURY OCCURRED _____				
INJURY AT WORK? ☐ Yes ☐ No				
IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____				
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____				
LOCATION (Street or Route Number, City/Town, or County and State) _____				
CORONER'S ACTION I have reviewed and/or amended, and certified.				
CORONER'S SIGNATURE [Signature]				
DATE SIGNED (Month, Day, Year) September 11, 2002				
REGISTRAR'S SIGNATURE [Signature]				
DATE FILED (Month, Day, Year) September 11, 2002				

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: SEP 11 2002

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

JANE S. SMITH
STATE REGISTRAR



IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report 95-7499

WATER RIGHT NUMBER: 95-7499

<u>Owner Type</u>	<u>Name and Address</u>
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Trustee	IDAHO FIRST NATIONAL BANK TRUSTEE PO BOX 7928 BOISE, ID 83707 (208)383-7172
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Current Owner	GEORGE E CARLSON 1979 E 16TH AVE POST FALLS, ID 83854-9062
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Current Owner	DOROTHY N CARLSON 1979 E 16TH AVE POST FALLS, ID 83854-9062
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Priority Date: 10/16/1974

Basis: Decreed

Status: Active

SourceTributary

TWIN LAKES

RATHDRUM CREEK

Beneficial Use

From To

Diversion RateAnnual Volume

DOMESTIC

1/01 to 12/31

0.040 CFS

1.20 AF

Total Diversion:

0.040 CFS

1.20 AF

Location of Point(s) of Diversion

TWIN LAKES	L5 (SW1/4SW1/4)	Sec. 8,	Twp 52N,	Rge 04W, B.M.	KOOTENAI County
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Place of Use

DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
52N	04W	8											X						
													L 5						

Conditions of Approval:Remarks:Comments:Dates and Other Information:

Licensed Date: 2/14/1984

Decreed Date: 4/19/1989

Enlargement Use Priority Date:

Enlargement Statute Priority Date:

State or Federal:

Owner Name Connector:

Water District Number: 95C

Generic Max Rate Per Acre:

Generic Max Volume Per Acre:

Decree Defendant: ABBOTT, KNOX & SPOUSE, ET AL

Decree Plaintiff: STATE OF IDAHO, DEPT OF WATER RESOURCES

Civil Case Number: 32572

Judicial District: FIRST

Swan Falls Trust or Nontrust:

Swan Falls Dismissed:

DLE Act Number:

Carey Act Number:

Mitigation Plan: False

Combined Use Limits:Water Supply Bank: