

DEV

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 (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)
Dec 1989 95-7621					

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**.

☒ 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

☒ 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)

Shirley A Denman

4. New Owner/Claimant(s)

Nancy J Teston

Name Connector (Check one): [] and, [] or, [] and/or

New Mailing Address

3921 W Spiers Ave

City, State and ZIP Code

Coeur d'Alene ID 83815

New Telephone Number

(208) 664-1033

5. Date you acquired the property

12/22/06

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) Nancy J. Teston
 (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 [Signature]
 Received by [Signature]
 Processed by AJ

Date 7/23/07
 Date 7/23/07
 Date _____

Receipt Amt. \$25⁰⁰
 Receipt No. NO18556
 WR _____ Date _____

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF HEALTH

George Ernest DENMAN JR.		Male		July 30 1985		140-8	
4 RACE (WHITE, BLACK, AM IND ETC (SPECIFY))		5 AGE LAST BIRTH DAY (YRS)		6 UNDER 1 YEAR MOS DAYS HOURS MINS		7 BIRTHDATE (MO DAY YR)	
White		59				Oct 19 1925	
8 CITY, TOWN OR LOCATION OF DEATH		11 PLACE OF DEATH ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME		12 RECEIVED EMERGENCY CARE AMBULANCE FIRETR PARAMED?			
Spokane		1020 E 54th		No		YES/NO	
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)		14 CITIZEN OF WHAT COUNTRY		15 MARRIED NEVER MARRIED WIDOWED DIVORCED		16 SPOUSE (IF WIFE GIVE MAIDEN NAME)	
Idaho		U.S.A.		Married		Shirley Ann Herman	
18 SOCIAL SECURITY NO		19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)		20 KIND OF BUSINESS OR INDUSTRY		17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)	
519-18-7408		Promotion Manager		Newspaper		Yes	
21 RESIDENCE NUMBER AND STREET		22 CITY/TOWN OR LOCATION		23 INSIDE CITY LIMITS? (YES/NO)		24 COUNTY	
1020 E 54th		Spokane		No		Spokane Washington	
26 FATHER NAME FIRST MIDDLE LAST		27 MOTHER MAIDEN NAME FIRST MIDDLE LAST					
George E Denman Sr.		Ethel Diffendorfer					
28 INFORMANT NAME		29 MAILING ADDRESS STREET OR RFD NO		CITY OR TOWN		STATE ZIP	
Shirley Denman		1020 E 54th		Spokane, Washington		99203	
30 BURIAL CREMATION REMOVAL OTHER (SPECIFY)		31 DATE (MO DAY YR)		32 CEMETERY/CREMATORY NAME		33 LOCATION CITY/TOWN STATE	
Cremation		Aug 5 1985		Riplinger Crematory		Spokane, Washington	
34 FUNERAL DIRECTOR SIGNATURE		35 NAME OF FACILITY		36 ADDRESS OF FACILITY			
<i>Ray Rayburn</i>		Riplinger Funeral Home		N 4305 Division		Spokane, Wa. 99207	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				41 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) STATED			
SIGNATURE AND TITLE				SIGNATURE AND TITLE			
X <i>Paul Shields</i>				X			
38 DATE SIGNED (MO DAY YR)		39 HOUR OF DEATH (24 HRS)		42 DATE SIGNED (MO DAY YR)		43 HOUR OF DEATH (24 HRS)	
8/2/85							
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				44 PRONOUNCED DEAD (MO DAY YR)		45 HOUR PRONOUNCED DEAD (24 HRS)	
J. Paul Shields, M. D. W. 105 - 8th, Spokane, WA 99204							
46 NAME AND ADDRESS OF CERTIFIER PHYSICIAN MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)							
J. Paul Shields, M. D. W. 105 - 8th, Spokane, WA 99204							
47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))				INTERVAL BETWEEN ONSET AND DEATH			
(A) <i>Ventricular Fibrillation</i>							
DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
(B) <i>Coronary Artery Disease</i>							
DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
(C)							
48 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE				49 AUTOPSY? (YES/NO)		50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)	
				No		Yes	
51 ACC. SUICIDE HOM. UNDET OR PENDING INVEST (SPECIFY)		52 INJURY DATE (MO DAY YR)		53 HOUR OF INJURY (24 HRS)		54 DESCRIBE HOW INJURY OCCURRED	
55 INJURY AT WORK? (YES/NO)		56 PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY)		57 LOCATION STREET OR RFD NO CITY/TOWN STATE			
58 REGISTRAR SIGNATURE		59 DATE RECEIVED (MO DAY YR)					
X <i>M. L. Luther</i>		AUG 02 1985					

I HEREBY CERTIFY that the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

SPOKANE COUNTY HEALTH DISTRICT
West 1101 College Avenue
Spokane, WA 99201

Mary Luther
Health Officer and Registrar

Spokane, WA AUG 07 1985

DSHS 9-641A (5/85)

STATE OF WASHINGTON DEPARTMENT OF HEALTH

003127

Local File Number

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix Shirley Ann DENMAN				2. Death Date Oct 11, 2006	
3. Sex (M/F) F	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 519-32-7500	6. County of Death Spokane
7. Birthdate May 28, 1928		8a. Birthplace (City, Town, or County) Spokane		8b. (State or Foreign Country) WA	
9. Decedent's Education Masters Degree				10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. no	
11. Decedent's Race(s) white				12. Was Decedent ever in U.S. Armed Forces? no	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 2715 S. Jefferson				13b. City or Town Spokane	
13c. Residence: County Spokane		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 99203
14. Estimated length of time at residence. 20 years		15. Marital Status at Time of Death widowed		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) own home	
19. Father's Name (First, Middle, Last, Suffix) Judge Henry Herman				20. Mother's Name Before First Marriage (First, Middle, Last) Gladys Downing	
21. Informant's Name Kitty Brunn		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3760 W. Fairway Dr. Coeur D Alene 83815	
24. Place of Death, if Death Occurred in a Hospital: Inpatient				25. Facility Name (If not a facility, give number & street or location): Deaconess Medical Center	
26a. City, Town, or Location of Death: Spokane		26b. State WA		27. Zip Code 99204	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Riverside Memorial Park		30. Location-City/Town, and State Spokane, WA	
31. Name and Complete Address of Funeral Facility Riplinger Funeral Home N 4305 Division St Spokane, WA 99207-1510				32. Date of Disposition 10-13-2006	
33. Funeral Director Signature X <i>Kim O'Brien</i>					
34. 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. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial Infarction Interval between Onset & Death 2 days Due to (or as a consequence of): b. Coronary Artery Disease Interval between Onset & Death 10 yrs Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of):					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? ☐ Yes ☒ No	
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No				38. Manner of Death ☒ Natural ☐ Homicide ☐ Accidental ☐ Undetermined ☐ Suicide ☐ Pending	
39. If female ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year				40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown	
41. Date of Injury (mm/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? ☐ Yes ☐ No ☐ Unk					
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred				47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>				48b. Medical Examiner/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 stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type in full) John Kekam MD 9100 S. Fairview Ave Spokane WA 99204				50. Hour of Death (24hrs) 0546	
51. Name and Title of Attending Physician if other than Certifier (Type in full)				52. Date Signed (mm/yyyy) 10-12-2006	
53. Title of Certifier MD		54. License Number		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? ☐ Yes ☒ No				57. Registrar Signature <i>K. Marshall</i>	
58. Date Received (mm/yyyy) OCT 12 2006				59. Amendments	



WHEN RECORDED RETURN TO:

Kathleen A. Brunn
3760 W. Fairway Dr.
Coeur d'Alene, ID 83815

TRUSTEE'S DEED

THIS DEED is made by Kathleen A. Brunn, Trustee of the Shirley A. Denman Revocable Trust dated November 5, 1997, Grantor, to Kathleen A. Brunn, a married person as her sole and separate property, Grantee, whose address is 3760 W. Fairway Dr., Coeur d'Alene, ID 83815.

WHEREAS, Grantor is the successor Trustee of the Shirley A. Denman Revocable Trust following the death of Shirley A. Denman, who died November 11, 2006.

THEREFORE, for consideration of distributing trust assets, Grantor quit claims, transfers, and conveys to Grantee the following described real property situated in the County of Kootenai, State of Idaho:

Lot 10 and the West half of Lot 11 in Block "E" of FIRST ADDITION TO LAKE PARK, according to plat filed in Book "C" of Plats at Page 103; records of Kootenai County, Idaho. Parcel No. 04560-00E-010-A.

Together with their appurtenances.

DATED this 22 day of December, 2006.

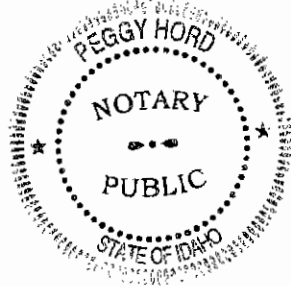
Shirley A. Denman Revocable Trust

Kathleen A. Brunn, Trustee
Kathleen A. Brunn, Trustee

STATE OF IDAHO)
) ss.
County of Kootenai)

I certify that I know or have satisfactory evidence that Kathleen A. Brunn on oath stated that she was authorized to execute the instrument and acknowledged it as the Trustee of the Shirley A. Denman Revocable Trust dated November 5, 1997, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN to before me this 22 day of December, 2006.



Peggy Hord
NOTARY PUBLIC in and for the State
of Idaho, residing at Coeur d'Alene ID
My appointment expires: 12-08-09

WHEN RECORDED RETURN TO:

Nancy J. Teston
3921 Spiers Ave.
Coeur d'Alene, ID 83814

QUIT CLAIM DEED

THE GRANTOR, Kathleen A. Brunn, a married person as her sole and separate property, conveys and quit claims to Nancy J. Teston, a single person whose address is 3921 Spiers Ave., Coeur d'Alene, ID 83814, as Grantee, all of her interest, being an undivided one-half (1/2) interest in and to the following described real estate situated in the County of Kootenai, State of Idaho:

Lot 2, Block A, Second Addition to Lake Park, Kootenai County, Idaho.
Parcel No. 04580-00A-002-0.

Together with their appurtenances.

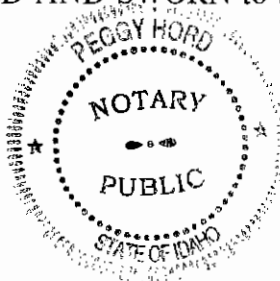
DATED this 22 day of December, 2006.

Kathleen A. Brunn
Kathleen A. Brunn

STATE OF IDAHO)
) ss.
County of Kootenai)

I certify that I know or have satisfactory evidence that Kathleen A. Brunn is the person who appeared before me and said person signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN to before me this 22 day of December, 2006.



Peggy Hord
NOTARY PUBLIC in and for the State
of Idaho, residing at Spokane Coeur d'Alene ID
My Appointment Expires: 12-08-09

DANIEL , ENGLISH, KOOTENAI CO. R ORDER451 GOVERNMENT WAY
COEUR D'ALENE, ID 83816-9000KOOTENAI COUNTY
RECEIPT FOR PAYMENT

Telephone: 208-446-1480

12/22/2006 10:45AM

Receipt Number: 06017388

Batch: B61222

Status: Generated

Comment: 6

Source	Paid By	Reference	Amount Tendered
Check	KATHLEEN BRUNN	1160	9.00
		Total Amount Tendered	9.00

No.	For	Book/Page	File ID	Pgs.	Recording Time/Account Name	Amount Assessed
1	DEED DD		I 2073655000	2	12/22/2006 10:45 AM RECORDING FEE	6.00
2	DEED DD		I 2073656000	1	12/22/2006 10:45 AM RECORDING FEE	3.00
Revenue Tax 0.00						
Document Charges						9.00
Non-Document Charges						0.00
Total Assessed						9.00
Amount Tendered						9.00
Total Due						0.00