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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
98-4012					

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) Romola Doreen Dodge
81511 S.E. Blvd Spokane, Washington 94203
4. New Owner/Claimant(s) Doreen Erhlyn Williams Trust
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address 13638 SE Market Portland, Oregon 97233
- City, State and ZIP Code Portland, Oregon 97233
- New Telephone Number (503) 255-9411
5. Date you acquired the property 26 September 1996
changed To Trust - 22 January 2007

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) *Doreen Eiblyn Williams, Trustee*
(include title if applicable) *Doreen Eiblyn Williams, Trust*

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><i>[Signature]</i></u>	Date <u><i>3/29/07</i></u>	Fee <u><i>\$25.00</i></u>
Received by <u><i>[Signature]</i></u>	Date <u><i>3/29/07</i></u>	Receipt No. <u><i>NO18236</i></u>
Processed by _____	AJ Date _____	WR _____ Date _____

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 26th day of September , 1996

by first party, Romola Doreen Dodge
whose post office address is: South 1511 S.E.Blvd
Spokane, Washington 99203
to second party, Doreen Ethlyn Williams
whose post office address is: 13638 S.E. Market
Portland, Oregon 97233

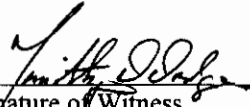
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WITNESSETH, That the said first party , as a gift of love and affection does hereby remise, release and quitclaim unto the said second party , forever, all the right, title, interest and claim which the first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Bonners Ferry, State of Idaho to wit:

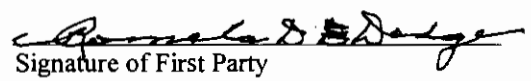
SE4NW4
SEC 34 T65N R2E

(PARCEL # RP 65N02E344210 A)
BOUNDARY COUNTY
BONNERS FERRY, ID

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:


Signature of Witness

TIMOTHY D DODGE
Print name of Witness

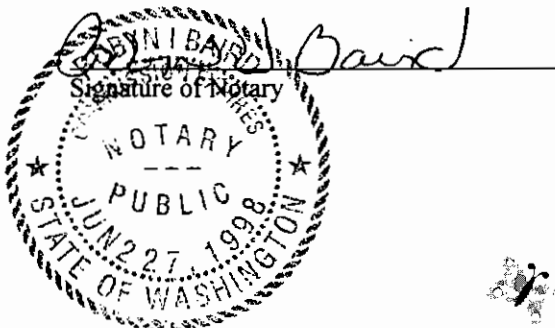

Signature of First Party

Romola D Dodge
Print name of First Party

State of Washington
County of Spokane

On September 21, 1996 before me,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon WITNESS my hand and official seal.



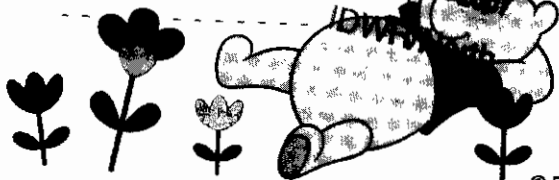
(Seal)

 Just thinking sweet thoughts

.....
Bonners Ferry
Court house
.....

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183155
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

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TYPE OR PRINT IN PERMANENT BLACK INK

0692

LOCAL FILE NUMBER

0694



CERTIFICATE OF DEATH

146

1 NAME First: ROMOLA Middle: DOREEN Last: DODGE			2 SEX (M / F) FEMALE	3 DEATH DATE (Mo Day Yr) FEBRUARY 21, 1997			
4 AGE LAST BIRTHDAY (Yrs) 81	5 UNDER 1 YEAR MOS: _____ DAYS: _____	6 UNDER 1 DAY HOURS: _____ MINS: _____	7 BIRTHDATE (Mo Day Yr) MAR 15, 1915	8 BIRTHPLACE (City, State or Foreign Country) GOLDEN, CO	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) NO	10 COUNTY OF DEATH SPOKANE	
11 CITY, TOWN OR LOCATION OF DEATH SPOKANE			12 PLACE OF DEATH - DO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSPORT 3 EMERG. RM/OUT PAT 4 CLINOSP 5 X HOME 6 OTHER PLACE ST. JOSEPH CARE CENTER -WEST		13 SMOKING IN LAST 15 YEARS? (Yes / No) NO		
14 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) WIDOWED		15 SURVIVING SPOUSE (If wife, give maiden name)		16 SOCIAL SECURITY NO. 532 20 9303	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5-) College		
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) HOMEMAKER		19 KIND OF BUSINESS OR INDUSTRY OWN HOME		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) specify NO		21 RACE (Specify) WHITE	
22 RESIDENCE - NUMBER AND STREET 1511 SOUTHEAST BLVD.		23 CITY/TOWN OR LOCATION SPOKANE	24 INSIDE CITY LIMITS? YES	25A COUNTY SPOKANE	25B LENGTH OF RES. IN CO 77YRS	26 STATE WA	27 ZIP CODE 99203
28 FATHER'S NAME—FIRST, MIDDLE, LAST CHARLES JOSEPH LEAVEY			29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME LILLIAN HILDA OLSON				
30 INFORMANT - NAME TIMOTHY DODGE		31 MAILING ADDRESS STREET OR RFD NO. 2908 WEST HORIZON, CITY OR TOWN SPOKANE, WASHINGTON STATE 99208					
32 BURIAL, CREMATION, REMAINS (Specify) BURIAL	33 DATE (Mo Day Yr) MAR 2, 1997	34 CEMETERY, CREMATORY - NAME FAIRMOUNT MEMORIAL PARK		35 LOCATION, CITY/TOWN, STATE SPOKANE, WASHINGTON			
36 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37 NAME OF FACILITY HAZEN & JAEGER FUNERAL HOME		38 ADDRESS OF FACILITY SPOKANE, WASHINGTON 99201 1306 NORTH MONROE			
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> Robert H. Laugen M.D.			43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X				
40 DATE SIGNED (Mo Day Yr) February 27, 1997		41 HOUR OF DEATH (24 Hrs) 1420		44 DATE SIGNED (Mo Day Yr)		45 HOUR OF DEATH (24 Hrs)	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			46 PRONOUNCED DEAD (Mo Day Yr)		47 HOUR PRONOUNCED DEAD (24 Hrs)		
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert H. Laugen M.D. 1414 N Houk # 104 Spokane WA 99216			49 MEDICORNER FILE NUMBER				
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A Breast Cancer, metastatic DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years			
		B DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
		C DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
		D DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE							
52 ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		53 INJURY DATE (Mo Day Yr)		54 HOUR OF INJURY (24 Hrs)			
55 INJURY AT WORK? (Yes / No)		56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)		57 DESCRIBE HOW INJURY OCCURRED			
58 INJURY AT WORK? (Yes / No)		59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)		60 LOCALITY - STREET OR RFD NO., CITY/TOWN, STATE			
61 THE FOLD AND SIGN HERE (If physician use only) ITEM (CERTIFICATE) (EVIDENCE)		62 THE FOLD AND SIGN HERE ITEM (CERTIFICATE) (EVIDENCE)		63 DATE RECEIVED (Mo Day Yr)			
X		<i>[Signature]</i>		FEB 28 1997			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 01-003 (8/95)

THIS IS A CONTINUED COPY OF THE ORIGINAL AND IS NOT TO BE USED FOR ANY OTHER PURPOSE

STATE OF IDAHO }
County of Boundary } SS.
Filed by: Susan Swanson
on 1-22-07 at 2:45
Glenda Poston
County Recorder C. C. C.
By Deputy

Fee \$ 3.00
Mail to Susan Swanson
PO Box 4546
Portland, OR 97208

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WARRANTY DEED

230487

For value received Doreen Ethlyn Williams, Grantor of Boundary County of the State of Idaho, hereby CONVEYS, GRANTS and WARRANTS TO Doreen Ethlyn Williams, Trustee of the Doreen Ethlyn Williams Trust u/a/d November 15, 2006. Grantee whose mailing address is 13638 SE Market Street, Portland, Oregon 97233, in the sum of no dollars (\$-0-)** the following described property located in Boundary County, State of Idaho:

The Southeast quarter of the Northwest quarter (SE 1/4 NW 1/4) of Section Thirty-four (34); Township Sixty-five (65) North; Range Two (2) East B.M., County of Boundary, State of Idaho.

TOGETHER WITH a right-of-way over and across the East one-half (E 1/2) of Section 34; T65N; R2 EBM, described as follows:

Beginning at a point on the West edge of the EASTPORT-MEADOWCREEK Highway, 1,214 feet South of the said Quarter Corner on the East line of Section 34, T65N-RSE, Boise Meridian, and 217 feet West of that line, and 106 feet North of the South line of the NE 1/4 of the SE 1/4 of Section 34, T65N-R2 EBM, the true point of beginning;
Thence proceeding N 85° 15' W for 143 feet to a crossing of the INTERNATIONAL NATURAL GAS LINE from CANADA;
Thence on the same bearing for 60.5 feet to the West edge of the GAS LINE right-of-way;
thence a strip of land 20 feet wide, extending 10 feet on either side of a centerline extending N 70° 15' W for 82.5 feet;
Thence N 55° 00' W for 66.0 feet;
Thence N 75° 10' W for 137.5 feet;
Thence N 54° 00' W for 220.0 feet;
Thence S 75° 10' W for 181.5 feet;
Thence S 50° 00' W for 220.0 feet;
Thence N 59° 55' W for 126.5 feet;
Thence N 25° 00' W for 187.0 feet;
Thence N 90° 00' W for 143.0 feet;
Thence S 36° 10' W for 181.5 feet;
Thence S 44° 00' W for 225.5 feet;
Thence N 65° 00' W for 187.0 feet;
Thence N 27° 00' W for 305.0 feet;
Thence N 49° 00' W for 181.5 feet;
Thence N 3° 50' E for 192.5 feet;
Thence N 8° 30' W for 137.5 feet;
Thence N 1° 20' E for 437.5 feet;
Thence N 42° 00' W for 111.0 feet;
Thence on the same bearing for 76 feet;
Thence N 14° 10' W for 368.5 feet;
Thence S 79° 15' W for 195.5 feet to a point 528.5 feet North of SE Corner of SE 1/4 of the NW 1/4 of Section 34, T65N-R2 EBM, as determined by official BOUNDARY COUNTY Surveyor in 1948. Said Corner is the center of said Section 34.

Parcel # RP 65N02E344210 A

**Transfer made for the purpose of funding grantor's revocable living trust.

WITNESS the hand of said Grantor this 13th day of January, 2007.

Doreen Ethlyn Williams
Doreen Ethlyn Williams

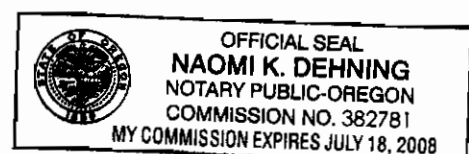
STATE OF OREGON, COUNTY OF MULTNOMAH

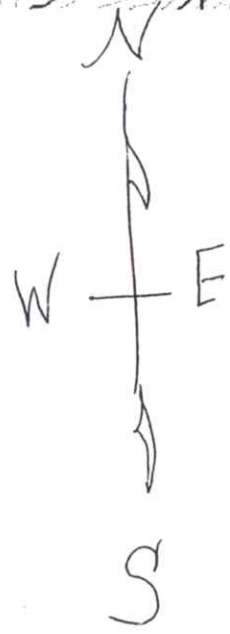
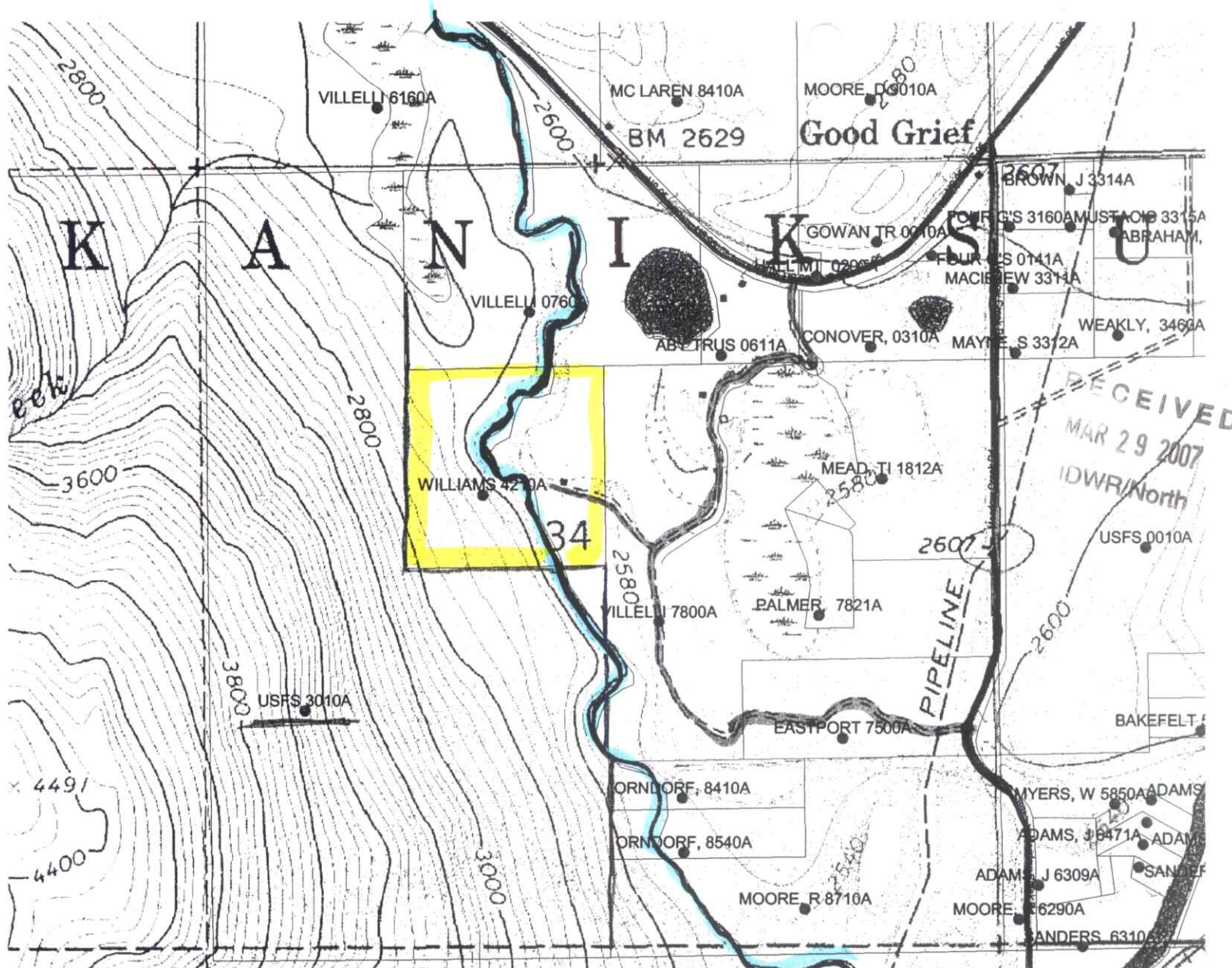
On this 13th day of January, 2007, before me, a notary public in and for the said State, personally appeared Doreen Ethlyn Williams known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

Naomi K. Dehning
Notary Public for the State of Oregon

Residing at: Portland, OR

Commission Expires: 7/18/08





Old Sandpit Road

Meadow Creek Road