

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

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WATER RESOURCES
WESTERN REGION

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 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
86-10492A	VT				
86-10495B	VI				
86-10496	VT				

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Department of Water Resources

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) is 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) Louis E Corkill Trust
First Security Bank TTEE
P.O. Box 7, Twin Falls Idaho 83301
4. New Owner/Claimant(s) Corkill Farms LLC
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address 33005 Leland Road
- City, State and ZIP Code Kendrick Idaho 83537
- New Telephone Number 208 289-5931
5. Date you acquired the property 11/10/99

SUPPORT DATA

IN FILE # 86-10495A

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 A. 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 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 EDWR 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)

Margaret P. Skingartner - member

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

For Office Use Only

Received by ED

Date 12-24-01

Fee

\$25 - EACH (\$75.00)

Received by AS

Date 12-24-01

Receipt No.

0022586

Processed by _____

AD

Date _____

WR _____

Date _____

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WATER RESOURCES
WESTERN REGIONSTATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICYState of Idaho
CERTIFICATE OF DEATHState File No. _____
Local Reg. No. 2-366

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE DATE OF ISSUANCE, SHALL BE USED AS PROOF OF THE DEATH UNDER LAWS GOVERNING A STATE.

DECEDENT		EDWIN		CORKILL		Male		15 October 2001	
SOCIAL SECURITY NUMBER 519-42-3009		AGE - LAST BIRTHDAY 63		DATE OF BIRTH (Month, Day, Year) 18 Sept 1938		BIRTHPLACE (City and State or Foreign Country) Kendrick, Idaho			
WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) ☐ Hospital ☐ (1) ☐ Inpatient ☐ (2) ☐ Outpatient ☐ (3) ☐ Other ☐ (4) ☐ Long-Term Care Facility ☐ (5) ☐ Own Residence ☐ (6) ☐ Other (Specify):							
FACILITY NAME AND ADDRESS OF LAST PLACE OF RESIDENCE (Include street, city, state and zip code) 33005 Leland Road		CITY, TOWN OR LOCATION OF DEATH Kendrick		COUNTY OF DEATH Nez Perce					
MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (Give last name) Donna Heimgartner		DECEDENT'S USUAL OCCUPATION (Give kind of work done during past 12 months, do not use "retired") Farmer		KIND OF BUSINESS / INDUSTRY Agriculture			
RESIDENCE STATE Idaho		COUNTY Nez Perce		CITY, TOWN OR LOCATION Kendrick		STREET AND NUMBER 33005 Leland Road		ZIP CODE 83537	
WAS DECEDENT OF HISPANIC ORIGIN? (Specify his or her race) ☐ Yes ☒ No		RACE - American Indian, Black, Japanese, White, etc. (Specify) White		EDUCATION (Specify one highest grade completed) Elementary/Secondary (K-12) ☐ College (14 or 16) ☐					
FATHER - NAME Louis W. Corkill		BIRTHPLACE British Isle		MOTHER - FULL MAIDEN NAME Margaret B. Shaw		BIRTHPLACE Canada			
INFORMANT Donna Corkill		ADDRESS (Street and Number or Rural Route Number City or Town, State Zip Code) 33005 Leland Road, Kendrick, Idaho 83537							
METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fix Ridge Cemetery		LOCATION - City or Town, State Juliaetta, Idaho					
SIGNATURE OF FUNERAL SERVICE OR PERSON ACTING AS SUCH M. S. H. H. H.		LICENSE NUMBER (If known) M-563		NAME AND ADDRESS OF FACILITY Malcolm's Brower-Wann Memorial Chapel		P.O. BOX 797, Lewiston, Idaho 83501			
TIME OF DEATH 8:51 a.m.		DATE PROPOSED DEAD (Month, Day, Year) 15 October 2001		WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No		MANNER OF DEATH (Check one) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Hypertensive heart disease, Hypertension, Myocardial infarction, Coronary artery disease		28. PART II. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. UNDERLYING CAUSE (Final disease or condition resulting in death) Myocardial infarction + Coronary artery disease		29. PART III. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus		WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No	
CERTIFIER ☒ 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 Sushma Pant, M.D.		LICENSE NUMBER M6586		DATE SIGNED (Month, Day, Year) 10-15-01			
NAME AND ADDRESS OF CERTIFIER (Residence) Sushma Pant, M.D., 428 6th Ave., Lewiston, Idaho 83501		DATE OF INJURY (Month, Day, Year) 10-15-01		HOUR OF INJURY 8:51 a.m.		PLACE OF INJURY - At home, farm, shop, factory, other building, etc. (Specify) At home		LOCATION (Street or Rural Route Number, City/Town or County and State) Kendrick, Idaho	
INJURY AT WORK? ☐ Yes ☒ No		TRANSPORTATION ACCIDENT? (Specify) ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other							
CORONER'S REVIEW AREA CORONER'S ACTION I have reviewed and/or amended, and certified.		CORONER'S SIGNATURE John S. Smith		DATE SIGNED (Month, Day, Year) Oct 16, 2001					
REGISTRAR John S. Smith, Deputy									

VITAL STATISTICS COPY

131951

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: October 16, 2001

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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651059

DEC 24 2001

QUITCLAIM DEED

WATER RESOURCES
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THIS INDENTURE is made this 30th day of December, 1999 between Louis Edwin Corkill and Patricia M. Helmgartner of Route 1, Box 11, Kendrick, Idaho 83537, Latah County, State of Idaho, hereinafter referred to as Grantors, and Corkill Farms, L.L.C., of Kendrick, Latah County, State of Idaho, hereinafter referred to as Grantee, whose current address is Route 1, Box 11, Kendrick, Idaho 83537.

WITNESSETH that the said Grantors, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, lawful money of the United States of America, to them in hand paid by the said Grantee, the receipt whereof is hereby acknowledged, do by these presents remise, release and forever QUITCLAIM unto the said Grantee, and to its heirs and assigns all that certain lot, piece or parcel of land, situate, lying and being in Nez Perce County, State of Idaho, bounded and more particularly described as follows, to-wit:

Described in Exhibit "A" attached hereto and incorporated herein by reference as though fully set forth herein.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD all and singular the said premises, together with the appurtenances, unto the Grantee, and to its heirs and assigns forever.

IN WITNESS WHEREOF the said Grantors have hereunto set their hands and seals the day and year hereinabove first written.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF:

Louis Edwin Corkill Patricia M. Helmgartner
LOUIS EDWIN CORKILL PATRICIA M. HELMGARTNER

INCL. NO. 651059
FILED FOR RECORD
RE 9:00 REG. BY Jack L. Curtin
2000 JAN 14 A 9:43 P.O. Box 380
Juliaetta, ID
83535
DATTY O. WEEKS
RECORDER, NEZ PERCE CO ID
BY [Signature] DEPUTY

STATE OF IDAHO)

: ss.

County of Latah)

On this 30th day of December, 1999, before me, the undersigned, a Notary Public in and for said State, personally appeared Louis Edwin Corkill, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

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

Becky S. Curtis
NOTARY PUBLIC, in and for the
State of IDAHO residing at
Juliaetta, therein.

My Commission Expires: 6/27/03

STATE OF Idaho)

: ss.

County of Nez Perce)

On this 5th day of JANUARY, 2000, before me, the undersigned, a Notary Public in and for said State, personally appeared Patricia M. Heimgartner, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

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

Terry J. Sletta
NOTARY PUBLIC, in and for the
State of Idaho residing at
Lewiston, therein.

My Commission Expires: 10/7/2003

Exhibit "A"

Real property situate in Nez Perce County, state of Idaho, to-wit:

All that portion of land lying and being in the Northeast Quarter of Section 1, Township 37 North, Range 3, WBM and bounded and more fully described as follows:

Parcel 1: Commencing at a certain rock or stone set on the East side of Burgess Ward Orchard, and on the South side of the Public Wagon road, and running thence in an Easterly direction along the South side of said Public road to the East line of said Section 1; thence south along the East line of Section 1; to the Southeast corner of the Northeast Quarter of Section 1; thence along the South line of the Northeast Quarter of Section 1 to a certain rock or stone marked XXX and set on the said south line of the Northeast Quarter; thence running in a Northwesterly direction to a stone or rock set at the Southeast corner of the said Burgess Ward Orchard; thence running Northerly to the Palace of Beginning, said tract containing 37 1/2 acres more or less.

Parcel 2: Southeast Quarter (SE 1/4), Section 1, Township 37 North, Range 3, WBM. ALSO Northwest Quarter Southeast Quarter (NW 1/4 SE 1/4), Northeast Quarter Southwest Quarter (NE 1/4 SW 1/4), Lots 6 & 7, and that part of the Lot 5 South of the Parker Trail County road, the centerline of which road runs from a point on the West line of Lot 5 40 rods North of the Southwest corner thereof to a point on the East line of Lot 5 66 rods North of the Southeast corner thereof, Section 6., Township 37 North, Range 2, WBM.

*Per Booky at Nez Perce County Assessors Office
Corkill Farms LLC owns lands in that part
of Lot 5 South of the County Road in
T37N R2W S6 (SWNW) Kari Lynn - 1.6.04
" " " " (NWSE)
T37N R3W S1 (SENE)*