

RECEIVED

AUG 11 2003

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 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
65-2741					

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)

E. DEAN PETERSON

HELEN M. PETERSON

4. New Owner/Claimant(s)

THE E. DEAN AND HELEN M. PETERSON

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

New Mailing Address

2142 ABERNETHY ROAD NE

City, State and ZIP Code

OLYMPIA, WA 98516-3713

New Telephone Number

360-438-1187

5. Date you acquired the property

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) K. Wayne Larson
(include title if applicable) Trustee

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 _____ Date _____ Fee _____
 Received by _____ Date _____ Receipt No. _____
 Processed by _____ AJ Date _____ WR _____ Date _____

RECEIVED

AUG 11 2003

Department of Water Resources

QUIT CLAIM DEED

For no consideration, E. DEAN PETERSON and HELEN M. PETERSON, a married couple, as Grantors do hereby convey, release, remise and forever quit claim unto

"E. DEAN PETERSON and HELEN M. PETERSON, Co-Trustees, or their successors in Trust, of THE E. DEAN AND HELEN M. PETERSON TRUST, U/T/A dated the 13th day of July, 1993, and any amendments thereto." as the Grantee

whose current address is 2213 Heights Drive, Boise, Idaho, 83702, the following described premises, in **VALLEY County**, Idaho, to-wit:

Lot 5A-62, Lot 5A-64, Lot 5A-65, Subdivision CR-5, Valley County, Idaho, according to the Valley County Recorder's Book No. 11 of Miscellaneous Records thereof filed in Valley County on June 11, 1963 (Instrument No. 59993), located in the NE1/4 NW1/4 of Section 19, Township 15 North, Range 3 East, Boise Meridian.

Lot 5A-22, Subdivision CR-5, Valley County, Idaho, according to the Valley County Recorder's Book No. 11 of Miscellaneous Records thereof filed in Valley County on June 11, 1963 (Instrument No. 59993), located in the SE1/4 SW1/4 of Section 18, Township 15 North, Range 3 East, Boise Meridian.

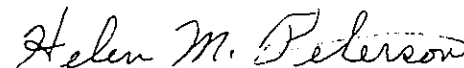
Excluding the real property described on Exhibit "A" which is attached hereto and incorporated by reference herein as if fully set forth.

together with their appurtenances.

DATED the 13th day of July, 1993.



E. DEAN PETERSON

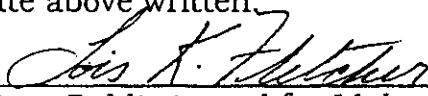


HELEN M. PETERSON

STATE OF IDAHO)
 : ss.
County of Ada)

On this 13th day of July, 1993 before me personally appeared **E. DEAN PETERSON** and **HELEN M. PETERSON**, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

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



Notary Public in and for Idaho
Residing at Boise, Idaho.
My commission expires 9/30/97.

Client No: 93-06-33

**THE E. DEAN AND HELEN M. PETERSON TRUST
(A REVOCABLE LIVING TRUST)**

This Trust Agreement is made this 13th day of July, 1993, between **E. DEAN PETERSON** and **HELEN M. PETERSON**, husband and wife, with the address of 2213 Heights Drive, Boise, Idaho, 83702 herein jointly referred to as the "Grantors", and **E. DEAN PETERSON** and **HELEN M. PETERSON**, with the address of 2213 Heights Drive, Boise, Idaho, 83702 herein referred to as "Trustees."

In consideration of the mutual covenants and promises set forth herein, Grantors and Trustees agree:

ARTICLE ONE

TRUST NAME

1.1 Name of Trust. This Trust shall be known as "**THE E. DEAN AND HELEN M. PETERSON TRUST.**"

ARTICLE TWO

TRUST PROPERTY

2.1 Assets Transferred to Trust.

The Grantors hereby transfer and deliver to the Trustee the property described in Exhibit "A", attached hereto and made a part hereof by this reference. The receipt of such property is hereby acknowledged by the Trustee. All such property, and all property hereafter subject to this Trust, shall constitute the Trust Estate, and shall be held, managed, administered, and distributed by the Trustee as hereinafter provided.

2.2 Addition of Property to Trust.

The Grantors, or any other person, with the consent of the Trustee, may name the Trust as Beneficiary of life insurance policies, or deposit property in the Trust, or devise property to the Trustee. The Trustee has the power to refuse to add certain assets to the

Note: K.N.

The Trustee and all persons employed by the Trustee shall be entitled to reasonable compensation in accordance with the provisions of applicable state law. The Trustee shall reasonably account as to the Trust and its administration as provided by state law.

Need Accounting.

ARTICLE NINE

SUCCESSOR TRUSTEE

9.1 Original Trustees.

The original Trustees under this Declaration of Trust shall be E. DEAN PETERSON and HELEN M. PETERSON, to serve with all of the obligation, powers, and authority contained within this Trust Agreement.

9.2 Death, Incapacity or Resignation of Original Trustee.

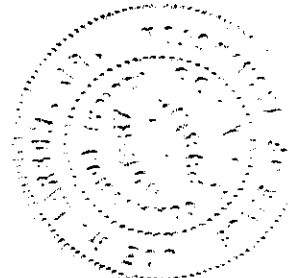
In the event of the death, or incapacity of E. DEAN PETERSON, or if for any reason whatsoever he ceases to serve as Trustee hereunder, the Grantors nominate and appoint HELEN M. PETERSON, to serve as Trustee hereunder without the approval of any Court.

In the event of the death, or incapacity of HELEN M. PETERSON, or if for any reason whatsoever she ceases to serve as Trustee hereunder, the Grantors nominate and appoint E. DEAN PETERSON, to serve as Trustee hereunder without the approval of any Court.

9.3 Selection of Successor Trustee.

Upon the death, resignation or disability of both Grantors, **KATHOLYN NEYLE LARSON**, whose current address is 2094 Lakemoor Drive S.W., Olympia, Washington 98512 is appointed to be the sole Trustee. If KATHOLYN NEYLE LARSON is not available to serve as Successor Trustee, then **GARY DEAN PETERSON**, whose current address is of Nevada, shall be appointed as Successor Trustee.

9.4 Resignation of Trustee.



CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

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

CERTIFICATE OF DEATH

Date Filed **DECEMBER 13, 2002**

State File No. **2002-08865**

DECEDENT - NAME HELEN MARIE PETERSON				AGE 87 YEARS	
DATE OF DEATH NOV. 24, 2002		SEX FEMALE	SOCIAL SECURITY NUMBER 519-32-8677		DATE OF BIRTH JULY 31, 1915
BIRTHPLACE IDAHO					
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARITAL STATUS MARRIED		SURVIVING SPOUSE (If wife, maiden name) EARNEST DEAN PETERSON	
CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO					
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION BOISE			
FATHER - NAME CARY I. TUSSING					BIRTHPLACE NEBRASKA
MOTHER - FULL MAIDEN NAME CORDELIA GIERSLER					BIRTHPLACE IDAHO
NAME AND ADDRESS OF MORTUARY RIVERSIDE FUNERAL SERVICE & CREMATORY, BOISE, IDAHO					
FUNERAL SERVICE LICENSEE MITCHELL MCBRIDE					
METHOD OF DISPOSITION CREMATION		TIME OF DEATH 2:00 A.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. SEVERE SENILE DEMENTIA					Approximate Interval Between Onset and Death 2 YEARS
b. DUE TO (or as a consequence of):					
c. DUE TO (or as a consequence of):					
d. DUE TO (or as a consequence of):					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above UTI, SACRAL DECUBITUS ULCER, HYPERTENSION, CORONARY ARTERY DZ, HISTORY OF POLIO					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER LESLIE NONA, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY			INJURY AT WORK?
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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

DATE ISSUED: **AUGUST 01, 2003**

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

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

CERTIFICATE OF DEATH

Date Filed JANUARY 17, 2003

State File No. 2003-00179

DECEDENT - LEGAL NAME ERNEST DEAN PETERSON			
SEX MALE	SOCIAL SECURITY NUMBER 519-32-2649	AGE 94 YEARS	DATE OF BIRTH OCTOBER 09, 1908
BIRTHPLACE PLEASANT GROVE, UTAH		PLACE OF RESIDENCE BOISE, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (If wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME FRITZOF HELON PETERSON			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME MARGARET ORA BARTLETT			BIRTHPLACE TENNESSEE
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DAVID ANDREW DEMBOWSKI	
NAME AND ADDRESS OF FUNERAL FACILITY ACLESA CREMATION & BURIAL SOCIETY, BOISE, IDAHO			
DATE OF DEATH JAN. 15, 2003	TIME OF DEATH 8:40 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. ANOREXIA b. ADVANCED AGE c. d.			Approximate Interval Between Onset and Death MONTH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER WILLIAM BOLLINGER, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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

DATE ISSUED: AUGUST 01, 2003

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


JANE S. SMITH
STATE REGISTRAR