

NOV 14 2019

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR / NORTH

Notice of Change in Water Right Ownership

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #6 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
95-873 ✓	Yes ☐	Yes ☐	95-8082 ✓	Yes ☐	Yes ☐
95-943 ✓	Yes ☐	Yes ☐	95-14051 ✓	Yes ☐	Yes ☐
95-2096 ✓	Yes ☐	Yes ☐		Yes ☐	Yes ☐
95-4357 ✓	Yes ☐	Yes ☐		Yes ☐	Yes ☐
95-7727 ✓	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: CHESTER A. PARK (DECEASED)

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): DIANE J. PARK

New owner(s) as listed on the conveyance document

Name connector

☐ and☐ or☐ and/or

Mailing address

18815 N. MILWAUKEE RD

City

RATHDRUM, ID. 83858

State

ZIP

Telephone

208-262-6731

Email

waterlilypark@gmail.com

4. If the water rights and/or adjudication claims were split, how did the division occur?

- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: _____

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed IRS Form W-9 for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed Lessor Designation form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☐ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☐ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
☐ Filing fee (see instructions for further explanation):
 o \$25 per *undivided* water right.
 o \$100 per *split* water right.
☒ No fee is required for pending adjudication claims.
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Diane J. Park

Signature of new owner/claimant

Title, if applicable

Date

11/10/19

Signature: _____

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. _____ Receipt Amt. _____

Active in the Water Supply Bank? Yes ☐ No ☐

If yes, forward to the State Office for processing

W-9 received? Yes ☐ No ☐

Name on W-9 _____

Approved by _____

Processed by _____

Date _____

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed SEPTEMBER 02, 2010

State File No. 2010-07280

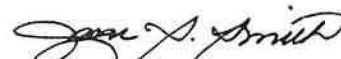
DECEDENT - LEGAL NAME CHESTER ARTHUR PARK			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 66 YEARS	DATE OF BIRTH SEPTEMBER 03, 1943
BIRTHPLACE HERMISTON, OREGON		PLACE OF RESIDENCE RATHDRUM, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) DIANE WATKINS	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME CHESTER R. PARK			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME NAOMI NEELY			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE ELI D. YATES	
NAME AND ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME, COEUR D'ALENE, IDAHO			
DATE OF DEATH AUG. 27, 2010	TIME OF DEATH 2:52 P.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. PROBABLE MASSIVE PULMONARY EMBOLISM			Approximate Interval Between Onset and Death MINUTES
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above HISTORY OF ATRIAL FIBRILLATION			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER JODY DELUCA		TITLE CORONER
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 VITAL RECORDS AND HEALTH STATISTICS.

SEPTEMBER 02, 2010

DATE ISSUED: _____

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


JANE S. SMITH
STATE REGISTRAR

