

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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MAR 11 2022

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 #7 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
95-7580A	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Howard E Welch, Roberta Anne Welch
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): David P. Klim Connie M. Klim
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or

8940 N Ramsey RD Hayden ID 83835
Mailing address City State Zip
208-770-7115 CKKlim60@gmail.com
Telephone Email

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. Do you own the land identified as the water right place of use? Yes ☒ No ☐
 o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.

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.
 o 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: [Signature] owner 3-9-2022
Signature of new owner/claimant Title, if applicable Date
Connie M. Klim
Print name

Signature: _____
Signature of new owner/claimant Title, if applicable Date
Print name

Received by NS Date 3/11/22 For IDWR Office Use Only: Receipt No. N038605 Receipt Amt. \$25.00

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 NS Date 11/16/22

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Order Number: 17303629

Warranty Deed

For value received,

Howard E. Welch and Roberta Anne Welch, as trustees of the Howard E. Welch and Roberta Anne Welch Trust, dated 5-28-1992 and amended and restated January 17, 1996

the grantor, does hereby grant, bargain, sell, and convey unto

David P. Kilm and Connie M. Kilm, husband and wife

whose current address is: 2920 Granite Creek Rd., Scotts Valley, CA 95066

the grantee, the following described premises, in Kootenai County, Idaho, to wit:

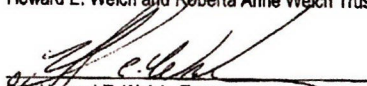
Tract 259, less the East 414 feet thereof, less the North 160 feet thereof, Hayden Lake Irrigated Tracts, according to the Amended Plat recorded in the office of the County Recorder in Book "C" of Plats at Pages 66 and 67, records of Kootenai County, Idaho.

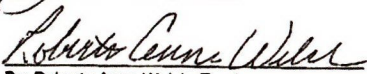
To have and to hold the said premises, with their appurtenances unto the said Grantee, its heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that Grantor is the owner in fee simple of said premises; that they are free from all encumbrances except those to which this conveyance is expressly made subject and those made, suffered or done by the Grantee; and subject to all existing patent reservations, easements, right(s) of way, protective covenants, zoning ordinances, and applicable building codes, laws and regulations, general taxes and assessments, including irrigation and utility assessments (if any) for the current year, which are not due and payable, and that Grantor will warrant and defend the same from all lawful claims whatsoever. Whenever the context so requires, the singular number includes the plural.

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Dated: December 28, 2017

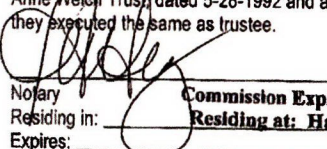
Howard E. Welch and Roberta Anne Welch Trust, dated 5-28-1992 and amended and restated January 17, 1996

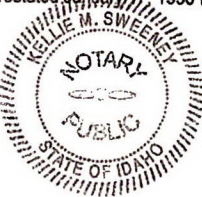

By: Howard E. Welch, Trustee


By: Roberta Anne Welch, Trustee

State of Idaho)
County of Kootenai)

On this 2 day of Jan in the year 20 18, before me, the undersigned, a notary public in and for said state, personally appeared Howard E. Welch and Roberta Anne Welch, known or identified to me to be the person(s) whose names are subscribed to the within instrument, as trustees of the Howard E. Welch and Roberta Anne Welch Trust, dated 5-28-1992 and amended and restated January 17, 1996 trust and acknowledged to me the they executed the same as trustee.


Notary _____ Commission Expires: 4/4/18
Residing in: _____ Residing at: Hayden, ID
Expires: _____



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STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241(4) AND §39-274, IDAHO CODE.

Local Reg. No.

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DAVID PAUL KLIM		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 62 (Years)		4b. UNDER 1 YEAR Months: 08 Days: 31 Hours: 19 Minutes: 57	
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	7c. CITY OR TOWN ATHOL
	7d. STREET AND NUMBER 29824 N. GREYSTONE ROAD		7e. APT. NO. 83801	7f. ZIP CODE 83801
PARENTS	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) CONNIE M. WICKERD	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) PAUL PETER KLIM	
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARGARET ELLEN BALLIET		11b. BIRTHPLACE (State, Territory, or Foreign Country) PENNSYLVANIA	
	13a. INFORMANT'S NAME (Type or print) CONNIE M. KLIM		13b. RELATIONSHIP TO DECEDENT SPOUSE	
DISPOSITION	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ELI D. YATES	
PLACE OF DEATH	17b. LICENSE NUMBER (Of licensee) M0832		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)	
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) 29824 N. GREYSTONE ROAD		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE ATHOL, ID 83801	
	22. COUNTY OF DEATH KOOTENAI		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 19, 2020	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 13:51		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 19, 2020	
	26. TIME PRONOUNCED DEAD (24hr) 13:51		27. CAUSE OF DEATH PART I. 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METABOLIC ENCEPHALOPATHY Due to (or as a consequence of): b. HEAD AND NECK CARCINOMA Due to (or as a consequence of): c. HEAD AND NECK CARCINOMA Due to (or as a consequence of): d. HEAD AND NECK CARCINOMA Due to (or as a consequence of):	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☒ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
CERTIFIER	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) June 19, 2020	
	33. TIME OF INJURY (24hr) 13:51		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) ATHOL, ID 83801	
REGISTRAR	35. INJURY AT WORK? ☐ Yes ☒ No		36. LOCATION OF INJURY: State: IDAHO City/Town or County: ATHOL Zip Code: 83801 Street and Number or Location: 29824 N. GREYSTONE ROAD Apartment Number: 83801	
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner 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 stated. Signature and Title of Certifier ELECTRONICALLY SIGNED: ROBERT A. ANCKER, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ROBERT A. ANCKER, 2290 W PRAIRIE AVENUE COEUR D'ALENE, ID 83815	

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.

DATE ISSUED:

JUN 24 2020

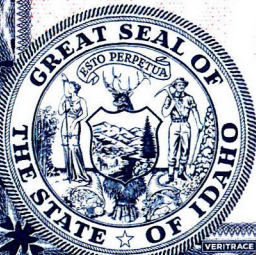
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PBNC0 (Rev) 05/18

NOV 16 2022





IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

November 16, 2022

CONNIE KLIM
8940 N RAMSEY RD
HAYDEN ID 83835-8422

Re: Change in Ownership for Water Right No(s): 95-7580A

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 762-2813.

Sincerely,

Natalie Steading
Natalie Steading
Tech Records Specialist 1

Enclosure(s)

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NOV 16 2022