

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JAN 31 2025

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP / NORTH

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?
96-4515	Yes ☐	Yes ☐		Yes ☐	Yes ☐
96-4515-A	Yes ☐	Yes ☐		Yes ☐	Yes ☐
96-4515-B	Yes ☐	Yes ☐		Yes ☐	Yes ☐
96-12338	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Nancy J Klootwyk and Richard Lee Korst
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Nancy J Klootwyk
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 1135 Mountain Home Road Potlatch ID 83855
Mailing address City State Zip
- 208-263-4882 nancy.klootwyk@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: 10/26/2023
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):
☒ \$25 per undivided water right.
☐ \$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: Nancy J Klootwyk Title, if applicable _____ Date 1/20/25
 Signature of new owner/claimant
 Nancy J Klootwyk
 Print name

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

 Print name

For IDWR Office Use Only:

Received by YMB Date 1/31/25 Receipt No. N045182 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 YMB Date 2/3/25

Refund requested
1/31/25 YMB

Instrument # 1028290
Bonner County, Sandpoint, Idaho
12/05/2023 01:58:32 PM No. of Pages: 3
Recorded for: FINNEY FINNEY & FINNEY, P.A.
Michael W. Rosedale Fee: \$15.00
Ex-Officio Recorder Deputy cbrannon
Index to: DEED

JOHN A. FINNEY
FINNEY FINNEY & FINNEY, P.A.
Attorneys at Law
120 East Lake Street, Suite 317
Sandpoint, Idaho 83864
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iCourt: johnfinney@finneylaw.net
ISB NO. 5413

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNER

In the Matter of the Estate) Case No. CV09-23-0871
of,)
RICHARD LEE KORST,)
Deceased.)
_____)

KNOW ALL MEN BY THESE PRESENTS:

That Grantor, NANCY J. KLOOTWYK, Personal Representative of
the Estate of RICHARD LEE KORST, deceased, does hereby grant and
deed unto Grantee, NANCY J. KLOOTWYK, of 3327 Upper Gold Creek
Road, Sandpoint, Idaho 83864, in distribution of the estate as a
devisee of the Decedent's estate, all her right, title, and
interest as Personal Representative, and all the right, title,
and interest of the Estate of RICHARD LEE KORST, deceased, in

STATE OF IDAHO)
 : ss.
County of Bonner)

On this 26 day of October, 2023, before me, the undersigned Notary Public, personally appeared NANCY J. KLOOTWYK, 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 as Personal Representative of the Estate of RICHARD LEE KORST, and acknowledged to me that she executed the same as such Personal Representative.



Christine M. Eberley
Notary Public-State of Idaho
Residing at Dover
My Commission expires 11-06-25

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2023-05423

05/08/2023

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER STATUTE AND IDAHO CODE.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) RICHARD LEE KORST		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday 74 (Years)		4b. UNDER 1 YEAR 4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr) 08/16/1948	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) JOLIET, ILLINOIS		7a. CITY OR TOWN SANDPOINT	
	7b. COUNTY BONNER		7c. APT. NO. 7d. ZIP CODE 83864	
	7e. INSIDE CITY LIMITS? ☐ Yes ☒ No			
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7f. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		8. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	7g. STREET AND NUMBER 3327 UPPER GOLD CREEK ROAD			
	8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown			
	9. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
PARENTS	10. FATHER'S NAME (First, Middle, Last, Suffix) RICHARD M. KORST		11a. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY E. HANNELL		12b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
	13a. INFORMANT'S NAME (Type or print) NANCY KLOOTWYK		13b. RELATIONSHIP TO DECEDENT DPOAHC	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3327 UPPER GOLD CREEK ROAD SANDPOINT, ID 83864			
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) COEUR D'ALENE CREMATORY 7315 N. GOVERNMENT WAY COEUR D'ALENE, IDAHO 83815	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY LAKEVIEW FUNERAL HOME 301 SOUTH OLIVE AVENUE SANDPOINT, IDAHO 83864			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BARTON D. CASEY		17b. LICENSE NUMBER (Of licensee) M0801	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ OOA 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify)			
	20 FACILITY NAME (If not facility, give street and number) 3327 UPPER GOLD CREEK ROAD SANDPOINT, ID 83864			
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE BONNER			
	22. COUNTY OF DEATH BONNER			
DATE OF DEATH CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 2, 2023		24. TIME OF DEATH (24hr) Estimated 00:01 - 12:00	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 2, 2023		26. TIME PRONOUNCED DEAD (24hr) 12:02	
	PART I. Enter the <u>cause of death</u> - 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) → ACUTE HYPOXIC RESPIRATORY FAILURE DUE TO (or as a consequence of): SEVERE OXYGEN DEPENDENT CHRONIC CIGARETTE TOBACCO ABUSE DUE TO (or as a consequence of): CHRONIC SYSTOLIC HEART FAILURE			
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: CHRONIC SYSTOLIC HEART FAILURE 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown 30. IF FEMALE (Aged 15-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days of death			
ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	
	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? ☐ Yes ☒ No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
	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			
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify)		38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Other (Specify)	
	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 <u>natural</u> cause(s) as/when stated.		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
	39b. LICENSE NUMBER M-13002		39c. DATE SIGNED 5 / 5 / 2023 MM DD YYYY	
	Signature and Title of Certifier ZACHARY P. HALVERSEN, M.D.		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ZACHARY P. HALVERSEN, 606 N. 3RD STREET SUITE 101 SANDPOINT, ID 83864	
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Galt		40b. DATE SIGNED 5 / 8 / 2023 MM DD YYYY	

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: **MAY 09, 2023**

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

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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 Mathew Weaver

February 03, 2025

NANCY J KLOOTWYK
1135 MOUNTAIN HOME RD
POTLATCH ID 83855-9781

Re: Change in Ownership for Water Right Nos: 96-4515 & 96-12338

Dear Water Right Holder:

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

The original death certificate you provided is also enclosed.

Since your request was only to remove a deceased owner, no fee is required. A \$25.00 refund has been requested and will be sent to you under separate cover from the State Controller's office.

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) 762-2800.

Sincerely,

Micki Bowman
Administrative Assistant 1

Enclosures