

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JAN 31 2025

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?
96-4515	Yes ☐	Yes ☐		Yes ☐	Yes ☐
96-4515-A	Yes ☐	Yes ☐		Yes ☐	Yes ☐
96-4515-B	Yes ☐	Yes ☐		Yes ☐	Yes ☐
96-12338- <i>Permit</i>	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 ☐
☐ 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: _____
Signature of new owner/claimant Title, if applicable Date
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 *[Signature]* Processed by *[Signature]* Date 2-3-2025

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
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ISB NO. 5413

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

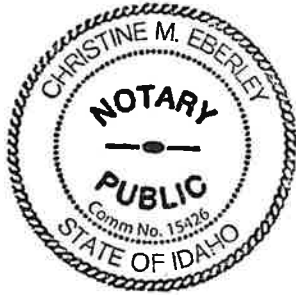
In the Matter of the Estate	)	Case No. CV09-23-0871
	)	
of,	)	PERSONAL REPRESENTATIVE'S DEED
	)	
RICHARD LEE KORST,	)	
	)	
Deceased.	)	
	)	

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 24 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
MAILED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §14-214, IBC §14-214, ICR §14-214

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
	RICHARD LEE KORST		MALE		[REDACTED]	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	4a. AGE-Last Birthday		4b. UNDER 1 YEAR		4c. UNDER 1 DAY	
	74 (Years)		08/16/1948		5. DATE OF BIRTH (Mo/Day/Yr)	
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY		7c. CITY OR TOWN	
	IDAHO		BONNER		SANDPOINT	
PARENTS	7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
	3327 UPPER GOLD CREEK ROAD		83864		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
INFORMANT	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown					
DISPOSITION	10. EVER IN U.S. 11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)		12b. BIRTHPLACE (State, Territory, or Foreign Country)	
	RICHARD M. KORST		ILLINOIS		ILLINOIS	
PLACE OF DEATH	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		13a. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	MARY E. HANNELL		DPOAHC		3327 UPPER GOLD CREEK ROAD SANDPOINT, ID 83864	
DATE OF DEATH	14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		COEUR D'ALENE CREMATORY 7315 N. GOVERNMENT WAY COEUR D'ALENE, IDAHO 83815		LAKEVIEW FUNERAL HOME 301 SOUTH OLIVE AVENUE SANDPOINT, IDAHO 83864	
CAUSE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Or license)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
	ELECTRONICALLY FILED: BARTON D. CASEY		M0801			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	19a. IF DEATH OCCURRED IN A HOSPITAL		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL		20. COUNTY OF DEATH	
	1. Inpatient 2. ER/Outpatient 3. DCA 4. Hospice facility 5. Nursing home/Long term care facility 6. Decedent's home 7. Other (Specify)		3327 UPPER GOLD CREEK ROAD SANDPOINT, ID 83864		BONNER	
CERTIFIER	21. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	
	May 2, 2023		Estimated 00:01 - 12:00 May 2, 2023		12:02	
REGISTRAR	27. CAUSE OF DEATH		28a. WAS AN AUTOPSY PERFORMED?		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
	PART I. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator 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. ACUTE HYPOXIC RESPIRATORY FAILURE DUE TO (or as a consequence of) b. SEVERE OXYGEN DEPENDENT DUE TO (or as a consequence of) c. CHRONIC CIGARETTE TOBACCO ABUSE DUE TO (or as a consequence of) d. CHRONIC SYSTOLIC HEART FAILURE PART II. Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I. 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 ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined 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 _____ 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 ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38a. 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 <u>natural</u> 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: ZACHARY P. HALVERSEN, M.D. 39b. LICENSE NUMBER M-13002 39c. DATE SIGNED 5 / 5 / 2023 MM DD YYYY 40a. REGISTRAR'S SIGNATURE James B. Gaydelotte 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.

James B. Gaydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE