



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 2, 2024

HAE SUK BRUCE
1475 HARMONY HEIGHTS LP
OROFINO ID 83544

RE: Water Right Change in Ownership No(s): 84-4114, 84-4115, 84-10784, 84-12113, 84-12139

Dear Interested Parties:

The Idaho Department of Water Resources (Department) received a Notice of Change in Water Right Ownership (Notice) from you on March 13, 2023 for the above referenced water rights. The Notice could not be processed because the filing fee of \$125 and the warranty deeds for property were not supplied. While the Will & Testament was supplied, the Department still needs the signed and notarized deeds from an assigned personal representative of the estate.

The Department is returning your Notice of Change in Water Right Ownership and the attachments. You may re-submit your request with the appropriate documents and fees.

If you have any questions regarding this matter, please contact me at (208) 762-2800.

Sincerely,

Natalie Steading
Tech Records Specialist 1

Enclosure(s)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

MAR 13 2023

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 #7 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
84-4114	Yes ☐	Yes ☐		Yes ☐	Yes ☐
84-4115	Yes ☐	Yes ☐		Yes ☐	Yes ☐
84-10784	Yes ☐	Yes ☐		Yes ☐	Yes ☐
84-12113	Yes ☐	Yes ☐		Yes ☐	Yes ☐
84-12139	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Trelawny J Bruce, Violet R Bruce, Arlen N Bruce
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Hae Suk Bruce, Hak Soo Lee Bruce-Smith, Rolita Louise Allen
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 1475 Harmony Heights Loop Orofino ID 83544
Mailing address City State Zip
- (715) 627-7353 lallen.acres@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: Hae Suk Bruce 12/28/2022
Signature of new owner/claimant Title, if applicable Date

Hae Suk Bruce
Print name

Signature: Rolita Louise Allen 12/28/2022
Signature of new owner/claimant Title, if applicable Date

Hak Soo Lee Bruce-Smith
Print name

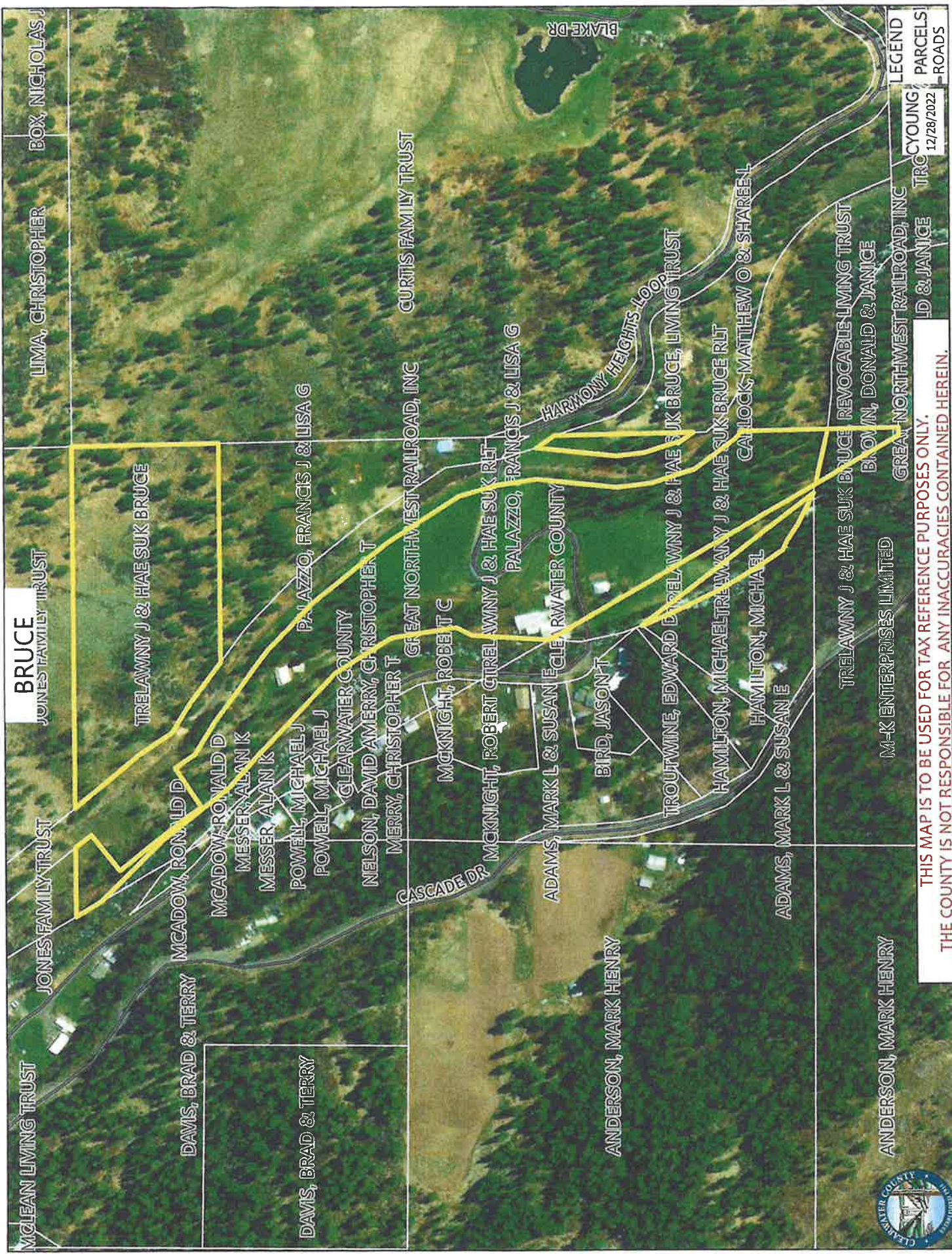
Rolita Louise Allen

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 _____



BRUCE

JONES FAMILY TRUST

JONES FAMILY TRUST

MCLEAN LIVING TRUST

TRELAUNY J & HAE SUE BRUCE

DAVIS, BRAD & TERRY

MCADOW, RONALD D

MCADOW, RONALD D

MESSER, ALAN K

MESSER, ALAN K

POWELL, MICHAEL J

POWELL, MICHAEL J

NELSON, DAVID AMERY, CHRISTOPHER T

MERRY, CHRISTOPHER T

MCKNIGHT, ROBERT C

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LIMA, CHRISTOPHER

BOX, NICHOLAS J

DAVIS, BRAD & TERRY

CURTIS FAMILY TRUST

GREAT NORTHWEST RAILROAD, INC

GREAT NORTHWEST RAILROAD, INC

GREAT NORTHWEST RAILROAD, INC

GREAT NORTHWEST RAILROAD, INC

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GREAT NORTHWEST RAILROAD, INC

PALAZZO, FRANCIS J & LISA G

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PALAZZO, FRANCIS J & LISA G

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PALAZZO, FRANCIS J & LISA G

PALAZZO, FRANCIS J & LISA G

BLAKE DR

HARMONY HEIGHTS LOOP

HARMONY HEIGHTS LOOP

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TRELAUNY J & HAE SUE BRUCE, LIVING TRUST

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TRELAUNY J & HAE SUE BRUCE, LIVING TRUST

CALL LOCK, MATTHEW O & SHAREEN L

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CALL LOCK, MATTHEW O & SHAREEN L

TRELAUNY J & HAE SUE BRUCE, REVOCABLE LIVING TRUST

TRELAUNY J & HAE SUE BRUCE, REVOCABLE LIVING TRUST

TRELAUNY J & HAE SUE BRUCE, REVOCABLE LIVING TRUST

TRELAUNY J & HAE SUE BRUCE, REVOCABLE LIVING TRUST

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TRELAUNY J & HAE SUE BRUCE, REVOCABLE LIVING TRUST

TRELAUNY J & HAE SUE BRUCE, REVOCABLE LIVING TRUST

M-K ENTERPRISES LIMITED

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M-K ENTERPRISES LIMITED

THIS MAP IS TO BE USED FOR TAX REFERENCE PURPOSES ONLY.

THE COUNTY IS NOT RESPONSIBLE FOR ANY INACCURACIES CONTAINED HEREIN.

ANDERSON, MARK HENRY

ANDERSON, MARK HENRY

ANDERSON, MARK HENRY

CYOUNG

12/28/2022

TRC

LD & JANICE

GREAT NORTHWEST RAILROAD, INC

GREAT NORTHWEST RAILROAD, INC

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GREAT NORTHWEST RAILROAD, INC



CERTIFICATE OF VITAL RECORD

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

State File No. 2002-03556

AUGUST 05, 2002

DECEASED NAME ARLEN NORRIS BRUCE		AGE 89 YEARS	
DATE OF DEATH JULY 29, 2002	SEX MALE	SOCIAL SECURITY NUMBER 711-09-9393	DATE OF BIRTH NOV. 23, 1912
WAS DECEASED EVER IN THE ARMED FORCES? YES	MARITAL STATUS MARRIED	CITY, TOWN OR LOCATION OF DEATH DROFINO, IDAHO	
RESIDENCE STATE IDAHO		BIRTHPLACE KANSAS	
FATHER - NAME WILLIAM EVERETT BRUCE		BIRTHPLACE MISSOURI	
MOTHER - FULL MAIDEN NAME DEMMA BELE NORRIS			
NAME AND ADDRESS OF FUNERAL HOME WING HILLS FUNERAL CHAPEL, INC., DROFINO, IDAHO			
FUNERAL SERVICE USED RYAN M. DENNISON			
METHOD OF DEATH CREMATION	TIME OF DEATH 4:00 A.M.	MANNER OF DEATH NATURAL	
CAUSE OF DEATH (Immediate Cause) PROSTATE CANCER		Interval between Onset and Death 5 YEARS	
DUE TO (or as a consequence of)			
DUE TO (or as a consequence of)			
DUE TO (or as a consequence of)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above CONGESTIVE HEART FAILURE			AUTOPSY PERFORMED? NO
NAME OF CERTIFIER KELLY J. MCGRATH, M.D.		TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA			
INVESTIGATOR'S NAME			
IF FATAL 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 originally registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE ISSUED AUGUST 06, 2002

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



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed **FEBRUARY 03, 2015**

State File No. **2015-01074**

DECEDENT - LEGAL NAME VIOLET ROBSON BRUCE			
SEX FEMALE	SOCIAL SECURITY NUMBER 521-10-8353	AGE 99 YEARS	DATE OF BIRTH JANUARY 14, 1916
BIRTHPLACE COLORADO SPRINGS, COLORADO		PLACE OF RESIDENCE OROFINO, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME HARRY THOMAS ROBSON			BIRTHPLACE KANSAS
MOTHER - MAIDEN NAME MOLLIE STOLL			BIRTHPLACE COLORADO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE RYAN M. DENNISON	
NAME AND ADDRESS OF FUNERAL FACILITY PINE HILLS FUNERAL CHAPEL, OROFINO, IDAHO			
DATE OF DEATH JAN. 31, 2015	TIME OF DEATH 12:05 A.M.	CITY, TOWN OR LOCATION OF DEATH OROFINO, IDAHO	COUNTY OF DEATH CLEARWATER
CAUSE OF DEATH (underlying cause last) PNEUMONIA			Approximate Interval Between Onset and Death 10 DAYS
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 NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER KELLY J. MCGRATH, 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 VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **FEBRUARY 03, 2015**

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

PRNCOIR110212

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed MAY 25, 2021

State File No. 2021-06083

DECEDENT - LEGAL NAME TRELAUNY J. BRUCE			
SEX MALE	SOCIAL SECURITY NUMBER 518-48-1870	AGE 78 YEARS	DATE OF BIRTH MAY 25, 1942
BIRTHPLACE LARAMIE, WYOMING		PLACE OF RESIDENCE OROFINO, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) HAE SUK YIM	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME ARLEN N. BRUCE		BIRTHPLACE OKLAHOMA	
MOTHER - MAIDEN NAME VIOLET L. ROBSON		BIRTHPLACE COLORADO	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE RYAN M. DENNISON	
NAME AND ADDRESS OF FUNERAL FACILITY PINE HILLS FUNERAL CHAPEL, OROFINO, IDAHO			
DATE OF DEATH MAY 23, 2021	TIME OF DEATH 10:07 P.M.	CITY, TOWN OR LOCATION OF DEATH OROFINO, IDAHO	COUNTY OF DEATH CLEARWATER
CAUSE OF DEATH (underlying cause last) a. GASTROINTESTINAL OBSTRUCTION			Approximate Interval Between Onset and Death 10 DAYS
DUE TO (or as a consequence of): b. SUPERIOR MESENTERIC ARTERY SYNDROME			10 DAYS
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 PARKINSON'S DISEASE; HISTORY OF BLADDER CANCER			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER REBECCA S. KATZMAN, 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 VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: MAY 26, 2021

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

Rev. 01/28/20

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Last Will and Testament

OF

TRELAWNY J. BRUCE

I, TRELAWNY J. BRUCE, hereby declare that I am a legal resident of Clearwater County, Idaho, over the age of majority, of sound and disposed mind and memory, and not acting under duress, menace, constraint or undue influence of any kind. I freely, willingly, and, as a voluntary act, make, publish, and declare this to be my last Will, hereby revoking all Wills and Codicils heretofore made by me.

REVOCATION. I hereby revoke all prior wills and codicils executed previously by me. I specifically revoke my Last Will and Testament executed by me on September 16, 1984.

DECLARATION. I am, at the time of making this Last Will and Testament, a married man. My wife is Hae Suk Bruce. I have two natural born children as issue from my marriage to Hae Suk Bruce, namely, Hak Soo Lee Bruce-Smith and Rolita Louise (Bruce) Allen. I have two natural born children from a previous marriage, namely, Trelawny Jonathan Bruce, born April 9, 1964, and Todd Patrick Bruce, born July 4, 1965. Todd Patrick Bruce is deceased, leaving no issue. My wife has no other children.

DISTRIBUTION OF PROPERTY. It is my intention by this Will to dispose of all of my property, both real and personal, wherever situated, which is not otherwise subject to the TRELAWNY J. and HAE SUK BRUCE REVOCABLE LIVING TRUST as follows:

Remainder to Living Trust. The rest, residue, and remainder of my estate shall be distributed to THE TRELAWNY J. AND HAE SUK BRUCE REVOCABLE LIVING TRUST.

Remainder if Trust Is Not In Effect. As stated above, it is my intention to have a Revocable Living Trust Agreement named THE TRELAWNY J. and HAE SUK BRUCE REVOCABLE LIVING TRUST in effect at or before the signing of this Will, and at the time of my death. If this is not the case and THE TRELAWNY J. and HAE SUK BRUCE REVOCABLE LIVING TRUST is not signed and in effect at my death, my probate estate shall be distributed as set forth in THE TRELAWNY J. and HAE SUK BRUCE REVOCABLE LIVING TRUST.

BURIAL PROVISION. I direct that my Trustee harvest all of my viable organs and cremate the remainder of the cadaver. If possible, sprinkle the ashes by parachute free-fall over the Bruce Ranch properties located at 1419, 1420 and 1475 Harmony Heights Loop, Orofino, Idaho 83544-5035. Contact Bruce Hickson of Albuquerque, New Mexico, and/or Garry Lewry of Universal


initials

City (San Antonio), Texas, for the ways and means to accomplish the parachute jump. Contact Tate Smith of Lewiston, Idaho, to prepare a head-stone from a stream-polished basalt boulder to install at the Bruce Memorial located on the Bruce Ranch, 1420 Harmony Heights Loop. Carve the headstone to include:

Trelawny J. Bruce
SMSgt, USAF Pararescue
"That Others May Live"
25 May 1942--_____

Proverbs 3:5 "Trust in the Lord with all your heart..."

NON-CONTEST. If any person, be he or she an heir, devisee or legatee under this Will, or their successor in interest, or any other person who, if I died intestate, would or may be entitled to any part of my estate, shall either directly or indirectly, or to any part of my estate, shall either directly or indirectly, or singly or in conjunction with other persons, seek to set aside this will, or attack, oppose or seek to set aside its provisions, or who shall consent to, acquiesce in, or fail to contest such proceedings, then and in any or all of the above mentioned cases and events, I hereby give and bequeath to such person or persons the sum of one dollar (\$1.00) and no more, in lieu of any other share of my estate, and I further direct that all costs, attorney fees, expenses and other disbursements that are occasioned to my estate which any such contest shall cause, shall be paid out of that portion of my estate which any such contestant or contestants may receive in the event that the Court shall award them more than the sum of one dollar (\$1.00).

PERSONAL REPRESENTATIVE AND EXECUTOR OF MY ESTATE. I nominate Hak Soo Lee Bruce-Smith as Personal Representative and Executor of my estate. In the event that Hak Soo Lee Bruce-Smith is unable or unwilling to serve, or shall fail for any reason to qualify to act as my Personal Representative and executor, then, in that event, I nominate Rolita Louise (Bruce) Allen to serve as Personal Representative and Executor. No bond shall be required of either of them

EXPENSES OF ADMINISTRATION. All expenses of administering my estate and all inheritance, estate, and similar taxes payable by reason of my death, including taxes with respect to property not passing under this Will, shall be paid, without right of contribution from any person, by my personal representative and executor out of my residuary estate.

SAVINGS CLAUSE. If any provision of this Last Will herein shall be invalid, the Last Will shall not fail but shall continue and be administered as if such provision did not appear herein.

CONSTRUCTIONAL ISSUES.

Issue. Shall be defined as all persons who are descended from the person referred to for purposes of intestate succession as determined under the laws of Idaho as those laws exist on the date of my death.


Initials

Determination of Distributees. If under any provision of this Will a distribution of my estate is to be made to the children of any person, my Personal Representative shall make distributions to those persons whom he believes, after making such inquiry as he deems reasonable, to be the persons so described, or if after making such inquiry he believes there is no such person, he may act upon such assumption. My Personal Representative shall not be obliged to secure judicial ascertainment of the identity of such children or the lack thereof and shall be immune from all liability which he might otherwise incur by reason of making distributions without the aid of judicial settlement or decree.

Governing Law. The laws of the State of Idaho shall govern all questions as to the validity and construction of this will.

Other Principles of Construction. Words in any gender shall be deemed to include the other genders; the singular shall be deemed to include the plural and vice versa; the word "give" shall also mean devise and bequeath but shall not mean appoint.

RESERVATION CLAUSE. The testator reserves the right to execute such codicils or amendments to this Will as he deems necessary or advisable at any time in the future.

IN WITNESS WHEREOF, I have signed this Will consisting of 4 pages.

I, TRELAWNY J. BRUCE, the testator, sign my name to this instrument this 6 day of Nov, 2015, and, being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Trelawny J. Bruce
TRELAWNY J. BRUCE

STATE OF IDAHO)
) ss.
County of Clearwater)

We, ROBERT L. JENSEN and Judith Brandt, the witnesses, respectively, whose names are signed to the attached or foregoing instrument, being duly sworn, do hereby declare to the undersigned authority that the testator signed and executed this instrument as his Last Will and Testament, that he signed willingly, and that he executed it as his free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence and hearing of the testator, signed the Will as witness and that to the best of their knowledge the testator was at that time an adult of sound mind and under no constraint or undue influence.

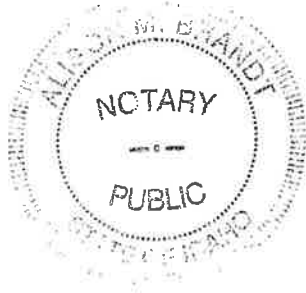
LAST WILL AND TESTAMENT
OF TRELAWNY J. BRUCE
Page 3 of 4

JJB
initials

Robert Jensen
Witness

Judith Brandt
Witness

SUBSCRIBED AND SWORN TO and acknowledged before me by TRELAWNY J. BRUCE, the testator, and subscribed and sworn to before me by Robert Jensen and Judith Brandt, the witnesses, this 15th day of Nov, 2015.



Alissa M. Brandt
Notary Public for Idaho
Residing at: Ordnance
Commission expires: 2-26-2016

[Signature]
initials