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FEB 29 2024

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 #7 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
95-17800	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: Todd and Cheryl Telow (Todd Deceased)
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Cheryl Telow
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or

536 Northern Sky Rd. Arhol ID 83801
Mailing address City State Zip
208-661-8659
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: 2019

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: Cheryl Telow Owner 2-24-24
Signature of new owner/claimant Title, if applicable Date
Cheryl Telow
Print name

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

Received by N/A Date _____ For IDWR Office Use Only: Receipt No. N/A 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

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

COPY

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 IN FINAL FACE EVIDENCE OF THIS DEATH UNDER §§ 15-215 AND 15-216, IDAHO CODE.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) TODD ENGER TELOW		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 56 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 11/04/1964	
PARENTS 10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BONNER	
	7c. CITY OR TOWN ATHOL		7d. STREET AND NUMBER 536 NORTHERN SKY RD	
INFORMANT 11. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	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) CHERYL PALMER	
	11a. FATHER'S NAME (First, Middle, Last, Suffix) STEPHAN TELOW		11b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
DISPOSITION 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) SHIRLEY C ENGER		12b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
	13a. INFORMANT'S NAME (Type or print) CHERYL TELOW		13b. RELATIONSHIP TO DECEDENT SPOUSE	
PLACE OF DEATH 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/long term care facility ☒ Decedent's home ☐ Other (Specify)	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) COFFELT CREMATORY 109 NORTH DIVISION AVENUE SANDPOINT, IDAHO 83864		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY COFFELT FUNERAL SERVICE 109 NORTH DIVISION STREET SANDPOINT, IDAHO 83864	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DALE G. COFFELT		17b. LICENSE NUMBER (Of licensee) M0501	
DATE OF DEATH 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) Estimated 10/05/2021 - 10/06/2021	24. TIME OF DEATH (24hr) Estimated 22:00 - 06:00		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 6, 2021	
	26. FACILITY NAME (If not facility, give street and number) 536 NORTHERN SKY RD		27. COUNTY OF DEATH AND ZIP CODE ATHOL, ID 83801	
CAUSE OF DEATH 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. PROBABLE RESPIRATORY FAILURE DUE TO (or as a consequence of): b. COMMUNITY ACQUIRED COVID-19 PNEUMONIA DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____	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	
ITEMS 32-38 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, hotel, 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. TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) _____	
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ What safety devices 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 ☒ CORONER Signature and Title of Certifier: ELECTRONICALLY SIGNED: ROBERT BEERS * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ROBERT BEERS, 127 S. FIRST ST SANDPOINT, ID 83864	
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE.	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 10 / 19 / 2021 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.

OCT 19 2021

DATE ISSUED:

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

