

MAR 15 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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 87-07101              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Gerald D. Schutz  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Empire Mobile Home Park, LLC / Jerry L. Schutz  
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 700 Empire Lane Moscow ID 83843  
Mailing address City State Zip  
509-336-9568 jerry@airjer.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: 01 Oct 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):  
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 13 MAR 2024  
Signature of new owner/claimant Title, if applicable Date  
Jerry L. Schutz  
Print name

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

## For IDWR Office Use Only:

Received by MB Date 3/15/24 Receipt No. N044437 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 3/27/24

QUITCLAIM DEED

NO. 578095  
AT THE REQUEST OF  
JAMES L. WESTBERG  
DATE & HOUR 4.14.16 1:05  
HENRIK K. WESTBERG  
LATAH COUNTY RECORDER  
FEE \$ 13.00 BY [Signature]

FOR VALUE RECEIVED, Gerald D. Schutz, the "Grantor," hereby conveys, remises, releases and forever quitclaims unto Empire Mobile Home Park, LLC, an Idaho limited liability company, of 510 Empire Lane, Moscow ID 83843, the "Grantee," all present right, title and interest in the following described real property in the County of Latah, State of Idaho, to-wit:

All that part of the South Half of the NE1/4SW1/4 of Section 5, Township 39 North, Range 5 West, Boise Meridian, lying East of the County Road as the same is now used. EXCEPTING the South 21 feet of said parcel of land;

ALSO EXCEPTING THEREFROM the S1/2 of the N1/2 of the SW1/4 of Section 5, save and except the following described tracts: (a) beginning at the SE corner of the NE1/4 of the SW1/4 thence due north 21 feet, thence westerly 60 rods more or less to the center of the county road, thence southerly 21 feet along the county road, thence easterly to the place of beginning; (b) Beginning at a point on the north south quarter section line 653.8 feet south of the center of the section, thence south 89°46' west 315 feet, thence south parallel to the (north south) quarter section line to the north side of private road thence north 89°46' east approximately 315 feet more or less to the point of beginning.

TOGETHER WITH ALL tenements, hereditaments and appurtenances thereunto belonging.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, its heirs and assigns forever.

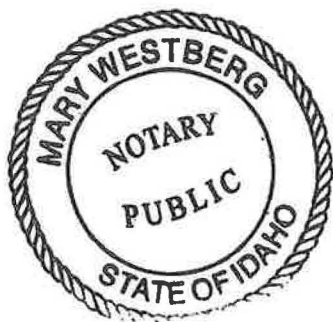
DATED this 14<sup>th</sup> day of April, 2016.

[Signature]  
GERALD D. SCHUTZ

STATE OF IDAHO     )  
                                  ) ss.  
County of Latah,     )

On this 14<sup>th</sup> day of April, 2016, before me, the undersigned a Notary Public in and for said State, personally appeared GERALD D. SCHUTZ, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal on the date last above written.  
(seal)



Mary Westberg  
Notary Public in and for the State of Idaho,  
residing at Moscow, ID.  
My commission expires: 4/22/2017

# 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 §§ 24-2001 AND §§ 24-2002, IDAHO CODE.

Local Reg. No. \_\_\_\_\_

|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                                                     |                                                   |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.<br><br>FOR INSTRUCTIONS SEE HANDBOOKS. | 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)<br><b>GERALD DEANE SCHUTZ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2. SEX<br><b>MALE</b>                         | 3. SOCIAL SECURITY NUMBER<br>[REDACTED]                                                                                                                             |                                                   |
|                                                                                                       | 4a. AGE-Last Birthday<br><b>89</b> (Years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4b. UNDER 1 YEAR<br>Months: _____ Days: _____ | 4c. UNDER 1 DAY<br>Hours: _____ Minutes: _____                                                                                                                      | 5. DATE OF BIRTH (Mo/Day/Yr)<br><b>09/16/1933</b> |
|                                                                                                       | 6. BIRTHPLACE (City and State, Territory, or Foreign Country)<br><b>MOBRIDGE, SOUTH DAKOTA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY<br><b>IDAHO</b>                                                                                                            |                                                   |
|                                                                                                       | 7b. COUNTY<br><b>LATAH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7c. CITY OR TOWN<br><b>MOSCOW</b>             | 7d. STREET AND NUMBER<br><b>700 EMPIRE LN</b>                                                                                                                       |                                                   |
| MORTICIAN: Complete/Verify and File Within 5 Days of Death                                            | 8. MARITAL STATUS AT TIME OF DEATH<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Unmarried <input type="checkbox"/> Never married <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)<br>_____                                                                                                     |                                                   |
|                                                                                                       | 10. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               | 11a. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>NORTH DAKOTA</b>                                                                                       |                                                   |
|                                                                                                       | 11b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>SOUTH DAKOTA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)<br><b>ELSIE REVER</b>                                                                                       |                                                   |
|                                                                                                       | 12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)<br><b>ELSIE REVER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | 13a. INFORMANT'S NAME (Type or print)<br><b>JERRY SCHUTZ</b>                                                                                                        |                                                   |
| DISPOSITION                                                                                           | 13b. RELATIONSHIP TO DECEDENT<br><b>SON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br><b>700 EMPIRE LN MOSCOW, ID 83843</b>                                                            |                                                   |
|                                                                                                       | 14. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><b>WHEATLAND CREMATORY<br/>SOUTH 905 GRAND AVE<br/>PULLMAN, WASHINGTON 99163</b> |                                                   |
|                                                                                                       | 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><b>SHORT'S FUNERAL CHAPEL<br/>1225 EAST SIXTH STREET<br/>MOSCOW, IDAHO 83843</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               | 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>ELECTRONICALLY FILED: PHILLIP N. HUTTON</b>                                               |                                                   |
|                                                                                                       | 17b. LICENSE NUMBER (Of licensee)<br><b>M1295</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                             |                                                   |
| PLACE OF DEATH                                                                                        | 19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                         |                                               |                                                                                                                                                                     |                                                   |
|                                                                                                       | 20. FACILITY NAME (If not facility, give street and number)<br><b>GRITMAN MEDICAL CENTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |                                                                                                                                                                     |                                                   |
|                                                                                                       | 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE<br><b>MOSCOW, ID 83843</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | 22. COUNTY OF DEATH<br><b>LATAH</b>                                                                                                                                 |                                                   |
|                                                                                                       | 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)<br><b>January 23, 2023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | 24. TIME OF DEATH (24hr)<br><b>16:45</b>                                                                                                                            |                                                   |
| DATE OF DEATH<br><br>CAUSE OF DEATH                                                                   | 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)<br><b>January 23, 2023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | 26. TIME PRONOUNCED DEAD (24hr)<br><b>16:45</b>                                                                                                                     |                                                   |
|                                                                                                       | 27. CAUSE OF DEATH<br>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.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. ACUTE STROKE</b><br>DUE TO (or as a consequence of):<br><b>b. ASCVD</b><br>DUE TO (or as a consequence of):<br>c. _____<br>DUE TO (or as a consequence of):<br>d. _____                                                                                                           |                                               |                                                                                                                                                                     |                                                   |
|                                                                                                       | PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.<br>29. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                              |                                               |                                                                                                                                                                     |                                                   |
|                                                                                                       | 30. IF FEMALE (Aged 10-54):<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the year<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death                                                                                                                                                                                                                                                                                                      |                                               |                                                                                                                                                                     |                                                   |
| ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)                                             | 31. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | 32. DATE OF INJURY (Mo/Day/Yr) (Spell month)<br>_____                                                                                                               |                                                   |
|                                                                                                       | 33. TIME OF INJURY (24hr)<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)<br>_____                                             |                                                   |
|                                                                                                       | 35. INJURY AT WORK?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | 36. LOCATION OF INJURY:<br>State: _____ City/Town or County: _____ Zip Code: _____<br>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.<br>38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____<br>38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?<br><input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown |                                               |                                                                                                                                                                     |                                                   |
| CERTIFIER                                                                                             | 39a. CERTIFIER (Check only one, based on official capacity for this certificate)<br><input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE<br>To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.<br><input type="checkbox"/> CORONER<br>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.                                                                                                          |                                               | 39b. LICENSE NUMBER<br><b>M-07037</b>                                                                                                                               |                                                   |
|                                                                                                       | Signature and Title of Certifier: <b>ELECTRONICALLY SIGNED: ROBERT M. TING, M.D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | 39c. DATE SIGNED<br><b>1 / 27 / 2023</b><br>MM DD YYYY                                                                                                              |                                                   |
|                                                                                                       | 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print):<br><b>ROBERT M. TING, 823 S. MAIN STREET MOSCOW, ID 83843-3042</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | 40b. DATE SIGNED<br><b>1 / 27 / 2023</b><br>MM DD YYYY                                                                                                              |                                                   |
|                                                                                                       | 40a. REGISTRAR'S SIGNATURE<br>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: **JAN 27 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

AARON D. ROEPKE  
WESTBERG ROEPKE MOORE, PLLC  
Attorneys and Counselors at Law  
530 S. Asbury St., Suite 2  
Moscow, Idaho 83843  
(208) 883-1520  
(208) 883-1521 (fax)  
ISB NO. 9798  
aroepe@wrm-law.com

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF LATAH

|                                  |                              |
|----------------------------------|------------------------------|
| IN THE MATTER OF THE ESTATE OF ) | CASE NO. <u>CV29-23-0124</u> |
| )                                |                              |
| )                                |                              |
| GERALD DEANE SCHUTZ, )           | LETTERS TESTAMENTARY         |
| )                                |                              |
| Deceased. )                      |                              |
| )                                |                              |
| )                                |                              |
| )                                |                              |

1. JERRY LANE SCHUTZ was duly appointed and qualified as Personal Representative of the estate of the above-named Decedent, by the Court with all authority pertaining thereto.
2. Administration of the estate is unsupervised.
3. These letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

WITNESS, my signature and the Seal of this Court, this 2/10/2023 4:29:10 PM.

  
MAGISTRATE

CERTIFICATE OF DELIVERY

I hereby certify that on the 2/13/2023, I caused to be delivered a true and correct copy of the foregoing instrument to the emails listed below:

Aaron D. Roepke  
WESTBERG ROEPKE MOORE, PLLC  
c/o Maggie Holcomb  
530 S. Asbury St., Suite 2  
Moscow, Idaho 83843  
mholcomb@wrm-law.com

Peggy Lynd  
CLERK OF THE COURT

STATE OF IDAHO } ss  
COUNTY OF LATAH }

I certify that I have legal custody of the original of the above record, that the above is a true and correct copy of that record and that I have a seal of office and that seal is affixed hereto.

DATED 2/13/2023

Julie Fry, Clerk of District Court

By

Peggy Lynd  
Deputy



LETTERS TESTAMENTARY  
CERTIFIED COPY

Page 2 of 2

Westberg Roepke Moore  
530 S. Asbury St./Suite 2  
Moscow Idaho, 83843  
208-883-1520



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](mailto:northerninfo@idwr.idaho.gov) • Web: [idwr.idaho.gov](http://idwr.idaho.gov)

**Governor Brad Little**

**Director Mathew Weaver**

March 27, 2024

EMPIRE MOBILE HOME PARK LLC  
700 EMPIRE LN  
MOSCOW ID 83843-9027

Re: Change in Ownership for Water Right No(s): 87-7101

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  
Tech Records Specialist 1

Enclosure(s)