

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED ✓

APR 05 2024

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP DEPT. OF WATER RESOURCES
SOUTHERN REGION

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?
71-7003	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: Lucille B Graham
Name of current water right holder/claimant

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

4806 SALMON CREEK DR
Mailing address

BUHL
City

ID
State

83316
Zip

208 543-2225
Telephone

SCOTT.GRAHAM1958@GMAIL.COM
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: 2022
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: Charles Scott Graham Title, if applicable _____ Date 4-5-2024
 Signature of new owner/claimant
CHARLES SCOTT GRAHAM
 Print name

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

For IDWR Office Use Only:
 Received by DM Date 4-5-2024 Receipt No. 5040166 Receipt Amt. \$25-
 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 DM Date 4/30/2024

Instrument # 693672

HAILEY, BLAINE, IDAHO
05-11-2022 8:50:51 AM No. of Pages: 2
Recorded for: BENOIT LAW
STEPHEN MCDUGALL GRAHAM Fee: \$15.00
Ex-Officio Recorder Deputy: JB
Electronically Recorded by Simplifile

Recorded at the request of:

Benoit, Alexander, Mollerup
& Danielson, PLLC

126 Second Avenue North
P.O. Box 366
Twin Falls, Idaho 83303-0366

Send tax notices to:

Charles Scott Graham
4806 Salmon Creek Dr.
Buhl, ID 83316

SPACE ABOVE FOR RECORDER'S USE

QUITCLAIM DEED

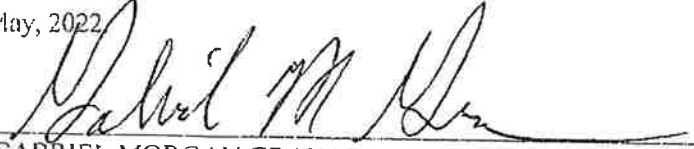
FOR VALUE RECEIVED, Gabriel Morgan Graham, GRANTOR, does hereby convey, release, remise and forever quitclaim to Charles Scott Graham, whose address is 4806 Salmon Creek Dr., Buhl, Idaho 83316, GRANTEE, all right, title and interest of Gabriel Graham, in and to the following described property situated in the County of Blaine, State of Idaho:

That portion of SE¼ SE¼ Sec. 27, T. 7N Rge. 14 E.B.M. described as follows. Beginning at a point West 756.76 feet from the SE corner of said Section: Thence West 197.87 feet; Thence North 156.06 feet; Thence N. 55° 38' E 21.39 feet; Thence N. 85° 10' E 22.76 feet; Thence S 42° 48' E 231.80 feet to the place of beginning. Contains 0.461 acres more or less. This parcel conveyed by deed recorded in Book 159 page 551.

Property Address: 773 Smiley Creek Road
Blaine County, Idaho

together with all appurtenance.

DATED this 6th day of May, 2022


GABRIEL MORGAN GRAHAM

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On May 6, 2022 before me, Sonja Lijja-Li, Notary Public
(insert name and title of the officer)

personally appeared GABRIEL MORGAN GRATHAM
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledge to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

A handwritten signature in dark ink, appearing to be 'Sonja Lijja-Li', written over a horizontal line.

(Seal)

Instrument # 693671

HAILEY, BLAINE, IDAHO
05-11-2022 8:50:51 AM No. of Pages: 3
Recorded for: BENOIT LAW
STEPHEN MCDUGALL GRAHAM Fee: \$15.00
Ex-Officio Recorder Deputy: JB
Electronically Recorded by Simplifile

Recorded at the request of:

Benoit, Alexander, Mollerup
& Danielson, PLLC

126 Second Avenue North
P.O. Box 366
Twin Falls, Idaho 83303-0366

Send tax notices to:

Charles Scott Graham
4806 Salmon Creek Drive
Buhl, ID 83316

SPACE ABOVE FOR RECORDER'S USE

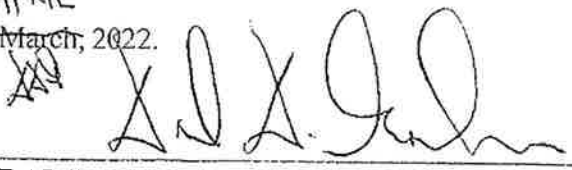
TRUSTEE'S DEED

FOR VALUE RECEIVED, Dal D. Graham, Successor Trustee of the CHARLES D. GRAHAM Revocable Inter-Vivos Trust, u/d/t August 6, 1991, hereby conveys to Charles Scott Graham, a married man, dealing with his sole and separate property, whose address is 4806 Salmon Creek Drive, Buhl ID, 83316, and Gabriel Morgan Graham, 511 East Gainsborough, Thousand Oaks, CA 91360, all right, title, and interest of the CHARLES D. GRAHAM Revocable Inter-Vivos Trust, u/d/t August 6, 1991, in and to the following described property situated in the County of Blaine, State of Idaho:

See attached Exhibit "A"

TO HAVE AND TO HOLD the said property together with all improvements, easements, hereditaments and appurtenances.

DATED this 25 ^{APRIL} day of ~~March~~, 2022.


DAL D. GRAHAM – Successor Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On April 25, 2022 before me, Hannah Renee Carpenter, notary public,
(insert name and title of the officer)

personally appeared Dal D. Graham,
who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledge to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Hannah R Carpenter

(Seal)

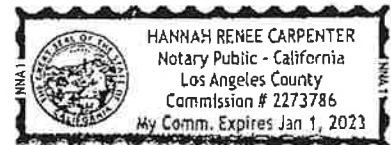


EXHIBIT "A"

That portion of SE¼ SE¼ Sec. 27, T. 7N Rge. 14 E.B.M. described as follows. Beginning at a point West 756.76 feet from the SE corner of said Section: Thence West 197.87 feet; Thence North 156.06 feet; Thence N. 55° 38' E 21.39 feet; Thence N. 85° 10' E 22.76 feet; Thence S 42° 48' E 231.80 feet to the place of beginning. Contains 0.461 acres more or less. This parcel conveyed by deed recorded in Book 159 page 551.

Property Address: 773 Smiley Creek Road
Blaine County, Idaho

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK OR ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 10/03)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		3. LAST (Family)	
Lucille		Graham	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
B.		01/09/1910	
5. AGE Yrs		6. SEX	
93		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
12/26/2003		2050	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
Tennessee			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
☐ YES ☒ NO ☐ UNK		Divorced	
13. EDUCATION -- Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)	
15		☐ YES ☒ NO	
15. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)	
Registered Nurse		Cauc.	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
Private Duty		40	
19. DECEDENT'S RESIDENCE (Street and number or location)		20. CITY	
15455 Glenoaks Blvd. #168		Sylmar	
21. COUNTY/PROVINCE		22. ZIP CODE	
Los Angeles		91342	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY	
40		California	
25. INFORMANT'S NAME RELATIONSHIP		26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
Dal Graham - Son		13760 De Garmo Ave. Sylmar, CA. 91342	
27. NAME OF SURVIVING SPOUSE -- FIRST		28. MIDDLE	
29. NAME OF FATHER -- FIRST		30. MIDDLE	
Robert		Granville	
31. NAME OF MOTHER -- FIRST		32. MIDDLE	
Alice			
33. BIRTH STATE		34. BIRTH STATE	
Tennessee		Tennessee	
35. BIRTH STATE		36. BIRTH STATE	
Tennessee		Tennessee	
37. BIRTH STATE		38. BIRTH STATE	
Tennessee		Tennessee	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
01/02/2004		Residence of Dal Graham-13760 De Garmo Ave. Sylmar, CA. 91342	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
Cr/Res		not embalmed	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
FD-1203		San Fernando Funeral Home	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
Thomas L. Khaledy		12/31/2003	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Astoria Nursing and Rehab Ctr.		☐ IP ☐ ENOP ☐ DOA	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
14040 Astoria St.		Sylmar	
105. CAUSE OF DEATH		106. DEATH REPORTED TO CORONER?	
Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.		☐ YES ☒ NO	
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		Time Interval Between Onset and Death	
Acute Respiratory Failure		(A) 5 days	
Sequentially, list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(B) 2 wks.	
Pneumonia		(C) yrs	
Congestive Heart Failure		(D)	
107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		108. BIOPSY PERFORMED?	
None		☐ YES ☒ NO	
109. AUTOPSY PERFORMED?		110. USED IN DETERMINING CAUSE?	
☐ YES ☒ NO		☐ YES ☒ NO	
111. WAS OPERATION PERFORMED FOR ANY CONDITION B. ITEM 107 OR 112? (If yes, list type of operation and date)		112. IF FEMALE, PREGNANT IN LAST YEAR?	
No		☐ YES ☒ NO ☐ UNK	
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		114. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since		A. Khaledy, M.D.	
Decedent Last Seen Alive		115. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE	
12/23/2003		A. Khaledy, M.D. 11165 Sepulveda Blvd. Mission Hills, CA. 91345	
116. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		117. LICENSE NUMBER	
MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined		A62946	
118. INJURED AT WORK?		119. INJURY DATE mm/dd/yyyy	
☐ YES ☒ NO ☐ UNK		12/31/2003	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
		122. HOUR (24 Hours)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	
		860097950	

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Thomas L. Khaledy
Director of Health Services and Registrar

DATE ISSUED
240 JAN 02 2004

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

STATE OF ALASKA

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - BUREAU OF VITAL STATISTICS

P.O. Box 110675, Juneau, AK 99811-0675

CERTIFICATE OF DEATH STATE FILE NO. 2020003273

DATE FILED 10/06/2020

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) CHARLES DAVID GRAHAM				2. SEX MALE		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) 82		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		4c. UNDER 1 DAY		5. DATE OF BIRTH (MM/DD/YY) 11/21/1937	
6. BIRTHPLACE (City and State or Foreign Country) FRESNO, CALIFORNIA		7a. RESIDENCE-STATE ALASKA		7b. COUNTY KENAI PENINSULA		7c. CITY OR TOWN HOMER	
7d. STREET AND NUMBER 32360 FALLS CREEK RD		7e. APT. No.		7f. ZIP CODE 99603		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
8. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No ☐ Unknown		9. MARITAL STATUS AT TIME OF DEATH DIVORCED		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last) DONALD D GRAHAM				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) LUCILLE BETTY BROWN			
13a. INFORMANT'S NAME LINDA C GRAHAM		13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. BOX 15031 FRITZ CREEK, ALASKA 99603			
14. DECEDENT'S EDUCATION: 4. COLLEGE, BUT NO DEGREE		16. DECEDENT'S RACE: ☒ White ☐ Black or African American ☐ American Indian or Alaskan Native (Name of the enrolled or principal tribe) ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify)		17. DECEDENT'S USUAL OCCUPATION CABINET MAKER		18. KIND OF BUSINESS OR INDUSTRY CABINETRY / WOOD WORKING	
15. DECEDENT OF HISPANIC ORIGIN? ☒ No, not Spanish/Hispanic/Latino(a) ☐ Yes, Mexican, Mexican American, Chicano(a) ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino(a)		19. PLACE OF DEATH: INPATIENT		20. FACILITY NAME (If not institution, give street & number) SOUTH PENINSULA HOSPITAL		21. CITY OR TOWN, STATE AND ZIP CODE HOMER, ALASKA 99603	
23. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)		24. PLACE OF DISPOSITION PENINSULA CREMATORY		22. COUNTY OF DEATH KENAI PENINSULA		25. LOCATION - CITY, TOWN AND STATE KENAI, AK	
26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PENINSULA MEMORIAL CHAPEL 5839 KENAI SPUR HIGHWAY KENAI, ALASKA 99611		27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) T. GRANT WISNIEWSKI		28. LICENSE NUMBER (Of Licensee) 339		29. DATE PRONOUNCED DEAD (MM/DD/YY)	
30. TIME PRONOUNCED DEAD 23:51		31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		32. LICENSE NUMBER		33. DATE SIGNED (MM/DD/YY)	
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY) 10/01/2020		35. ACTUAL OR PRESUMED TIME OF DEATH 23:51		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No			
37. PART I. CAUSE OF DEATH a. CONGESTIVE HEART FAILURE Due to (or as a consequence of): b. ATHEROSCLEROTIC HEART DISEASE Due to (or as a consequence of): c. Due to (or as a consequence of): d.		Approximate Interval: Onset to death UNKNOWN UNKNOWN		38. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No			
39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No		40. DID TOBACCO USE CONTRIBUTE TO DEATH? Y		41. IF FEMALE (PREGNANCY STATUS) 8. NOT APPLICABLE.		42. MANNER OF DEATH NATURAL CAUSES	
43. DATE OF INJURY (MM/DD/YY)		44. TIME OF INJURY		45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)			
47. LOCATION OF INJURY (Street & Number, Apt. No., City or Town, State, Zipcode)		46. INJURY AT WORK? ☐ Yes ☐ No		48. DESCRIBE HOW INJURY OCCURRED:			
49. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Unknown ☐ Other (Specify)		50a. CERTIFIER: CERTIFYING PHYSICIAN		51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH 4136 BARTLETT ST HOMER AK 99603			
50b. NAME OF CERTIFIER (SIGNATURE ON FILE) GIULIA M TORTORA		52. LICENSE NUMBER 2933		53. DATE CERTIFIED (MM/DD/YY) 10/05/2020			

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **October 6, 2020**

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]



DECLARATION OF TRUST

CREATION OF TRUST

Identifying Data.

Settlor/Trustor: **LUCILLE B. GRAHAM**

Initial Trustee: **LUCILLE B. GRAHAM**

Date of Declaration of Trust: May 10, 2001

Situs of Trust: San Fernando, State of California.

Name of Trust: **"LUCILLE B. GRAHAM 2001 TRUST"**

ARTICLE ONE: CREATION OF TRUST

1.00 Initial Transfer - Transfer of Property

LUCILLE B. GRAHAM, declares that as Settlor, for the purpose of creating and providing for the management and distribution of the within Trust, has transferred and delivered to **LUCILLE B. GRAHAM**, Trustee, without consideration, the sum of Ten (\$10.00) Dollars as the original Trust Estate, to be held, administered, and distributed in accordance with this instrument. The term "Trustee" shall be referred to in this instrument in the singular, but it shall be construed to include the plural whenever the context would require it.

1.01 Rights Reserved to Trustor - Additions to Trust

Trustor shall have the right at any time, either during her life or by Will at her death, to add other property acceptable to the Trustee to the Trust created by this Declaration and such property, when received and accepted by the Trustee, shall become a part of the Trust Estate of this Trust.

1.02 Power to Change or Revoke Trust

While living and competent, the Trustor may, at any time and from time to time,

by written notice signed by the Trustor and delivered to the Trustee:

[a] Revoke or change the Trust created pursuant to this Declaration or the interest of any beneficiary named in this Declaration or in any amendment to this Declaration.

[b] Amend any provision of the Declaration or any amendment to this Declaration to such extent as may be acceptable to the Trustee.

[c] Withdraw all or any part of the Trust Estate.

1.03 **Trust Irrevocable on Death of Trustor**

On the death of the Trustor, the Trust created by this Declaration shall become irrevocable and not subject to amendment.

ARTICLE TWO. DISTRIBUTION BY TRUSTEE

2.01 **Net Income to Trustor**

During the life of the Trustor, the Trustee shall pay to or apply for the benefit of the Trustor in monthly or other convenient installments the income from the Trust Estate for the proper health, support, care, maintenance, comfort, enjoyment, and welfare of the Trustor, as the Trustee deems necessary.

Any income not so paid or applied shall be added to the principal of the Trust Estate.

2.02 **Payment of Principal for Benefit of Trustor**

If the Trustee considers such income insufficient, the Trustee shall also pay to or apply for the benefit of the Trustor such sums out of the principal of Trust as the Trustee in the Trustee's discretion shall consider necessary for the Trustor's proper health, support, care, maintenance, comfort, enjoyment and welfare.

The Trustee shall exercise in a liberal manner the power to invade principal contained in this section, and the rights of the remainder men in the Trust shall be considered of secondary importance.

///

2.03 Payment of Trustor's Funeral expenses.

On the death of the Trustor, the Trustee(s) shall pay out of the income or principal of the Trust Estate, at their discretion, the expenses of the last illness and funeral of the Trustor and Trustor's outstanding obligations, and death taxes, if any.

2.04. Distribution After Trustor's Death.

After payment of obligations set forth in Section 2.03 hereof Trustee shall hold, administer, manage and distribute the Trust Estate as follows:

a. All right, title and interest in and to the real property located at 312 Mahana Place, Lanai City, Hawaii, 96763, shall go directly to and be distributed free of trust to DAL GRAHAM.

If DAL should predecease Trustor or fail to survive distribution, said property shall be distributed equally to his issue;

b. All right, title and interest in and to that certain real property located at 417 East Main Street, Jerome, Idaho, 83338, shall go to and be distributed free of trust to ROBERT GRAHAM.

If ROBERT should predecease me or fail to survive distribution, said property shall be equally divided between DAL GRAHAM and CHARLES GRAHAM or the survivor thereof and distributed to them free of trust;

c. All right, title and interest in and to that certain real property on Smiley Creek, Ketchum, Idaho shall go equally and be distributed free of trust to DAL GRAHAM and CHARLES GRAHAM or the survivors thereof.

d. The rest and residue of the trust estate shall be equally divided between Trustors children, DAL GRAHAM, ROBERT GRAHAM and CHARLES GRAHAM, share and share alike. If any of them should predecease Trustor or fail to survive distribution, such child's share shall be equally distributed between

such child's issue and if such child has no issue then such share shall be equally distributed between Trustor's surviving children.

e. Upon full distribution and payment of all obligations the Trust shall terminate.

2.05 Avoiding Distribution to One Under Age 21.

Except as specifically set forth in 2.04 hereof if any person entitled to outright distribution hereunder is under age 21, the Trustee shall hold and administer that portion of the trust Estate for such person's benefit as a separate Trust. Income of such person's portion shall be added to principal and the Trustee shall pay to or apply for the benefit of such person as much of such person's Trust as the Trustee in the Trustee's discretion considers necessary for such person's proper health, education, support and maintenance. When such person attains the age of 21, the Trustee shall distribute to such person his or her entire share of the Trust Estate.

ARTICLE THREE. POWERS OF TRUSTEE

3.01 Retain Investments of Trustor

The Trustee is authorized to retain in the Trust for such time as he may deem advisable any property, including shares of stock, received from the Trustor, whether or not such property is of the character permitted by law for the investment of Trust funds, and to operate at the risk of the Trust Estate any business or property received from the Trustor.

3.02 Management of Trust Property

The Trustee shall with respect to any and all property which may at any time be held by her in Trust pursuant to this Declaration, whether such property constitutes principal or accumulated income, have the power, exercisable in the Trustee's discretion at any time and from time to time on such terms and in such manner as Trustee may deem advisable to:

[a] Sell, convey, exchange, convert, improve, repair, manage, operate and control.

[b] Lease for terms within or beyond the term of the Trust provided for in this Declaration and for any purpose including exploration for and removal of gas, oil, and other minerals; and enter into any covenants and agreements relating to the property so leased or any improvements which may then or thereafter be erected on such property.

[c] Encumber or hypothecate for any Trust purpose by mortgage, deed of trust, pledge or otherwise.

[d] Carry insurance of such kinds and in such amounts at the expense of the Trust provided for in this Declaration as the Trustee may deem advisable.

[e] Commence or defend at the expense of the Trust provided for in this Declaration such litigation with respect to such Trust or any property of the Trust Estate as he may deem advisable.

[f] Invest and reinvest the Trust funds in such property as the Trustee may deem advisable, whether or not of the character permitted by law for the investment of Trust funds.

[g] Vote and give proxies to vote any securities, including stock of the Trustee, held by her in Trust pursuant to this Declaration, having voting rights.

[h] Pay any assessments or other charges levied on any stock or other security held by her in Trust pursuant to this Declaration.

[i] Exercise any subscription, conversion, or other rights or options which may at any time attach, belong, or be given to the holders of any stocks, bonds, securities, or other instruments held by her in Trust pursuant to this Declaration.

[j] Participate in any plans or proceedings for the foreclosure, reorganization, consolidation, merger, or liquidation of any corporate or organization that has issued securities held by her in Trust pursuant to this Declaration, and incident to such participation to deposit securities with and

transfer title of securities to any protective or other committee established to further or defeat any such plan or proceeding.

[k] Enforce any mortgage or deed of trust or pledge held by her in Trust pursuant to this Declaration and at any sale under any such mortgage, deed of trust, or pledge to bid and purchase at the expense of any Trust provided for in this Declaration any property subject to such security instrument.

[l] Compromise, submit to arbitration, release with or without consideration, and otherwise adjust any claims in favor of or against the Trust provided for in this Declaration.

[m] Subject to any limitations expressly set forth in this Declaration and the faithful performance of her fiduciary obligations, to do all such acts, take all such proceedings, and exercise all such rights and privileges as could be done, taken, or exercised by an absolute owner of the Trust property.

3.03 Power to Borrow Money

The Trustee shall have power to borrow money from any person, firm, or corporation, for any Trust purpose on such terms and conditions as the Trustee may deem proper and to obligate the Trust to repay such borrowed money.

3.04 Power to Loan Money to Trust

The Trustee is authorized to loan or advance her own funds to the Trust for any Trust purpose at the rate of interest being charged by the Trustee at the time such loan or advance is made to other persons having a net worth equal to that of the Trust Estate for similar loans or advances. Any such loan or advance, together with the interest accruing on such loan or advance, shall be repaid from the Trust Estate.

3.05 Dealing with Trustor's Estate

The Trustee is authorized to purchase securities or other property from the Trust Estate with or without security to the Executor(s) or other representative of the Trustor's estate.

3.06 Manner of Holding Trust Securities

The Trustee may hold securities or other property subject to this Declaration in her name as Trustee under this Declaration, in her own name without a designation showing him to be Trustee under this Declaration, in the name of her nominee, or the Trustee may hold such securities unregistered in such condition that ownership will pass by delivery.

3.07 Determination of Principal and Income.

Except as otherwise specifically provided in this Declaration, the Trustee shall have full power and authority to determine, in her discretion, what shall constitute principal of the Trust Estate, gross income from the Trust Estate, and net income of the Trust Estate distributable under the terms of this Declaration. The determination of the Trustee as to what constitutes principal, gross income, or net income of the Trust Estate shall, except as may be otherwise expressly provided in this Declaration, be conclusive and binding on all persons in any manner interested in the Trust created or to be created pursuant to this Declaration.

3.08 Taxes and Expenses of Trust

All property taxes, assessments, fees, charges, and other expenses incurred by the Trustee in the administration or protection of the Trust created by this Declaration, including the compensation of the Trustee provided for in this Declaration, shall be a charge on the Trust Estate and shall be paid by the trustee prior to final distribution of the Trust Estate in full out of the principal or in full out of the income of the Trust Estate, or partially out of the principal and partially out of the income of the Trust Estate, in such manner and proportions as the Trustee may deem to be advisable. The determination of the Trustee to pay such expenses and charges from the principal or income of the Trust Estate or partially from each shall be conclusive and binding on all persons in any manner interested in any Trust created by or pursuant to this Declaration.

ARTICLE FOUR. ADMINISTRATIVE PROVISIONS

4.01 Undistributed Income on Termination of Beneficial Interest

Whenever the right of any beneficiary to payments from the net income or principal of the Trust Estate shall terminate, either by reason of death or other cause, any accrued or undistributed net income from the Trust Estate undistributed by the Trustee on the date of such termination shall be held, administered, and distributed by the Trustee in the same manner as if such income had accrued and had been received by the Trustee after the date such beneficiary's right to receive payments from the Trust terminated.

4.02 Other Income of Beneficiary for Discretionary Payments

In exercising her discretionary authority under this Declaration to make payments to or for the benefit of any beneficiary from the net income or principal of the Trust Estate, the Trustee shall take into consideration any income or other means of care, maintenance, support, or education available to such beneficiary from sources outside the Trust that may be known to the Trustee. The determination of the Trustee with respect to the necessity for and the amounts of any payments made to or for the benefit of any beneficiary pursuant to the terms of this Declaration conferring discretion on the Trustee shall be conclusive on all persons in any manner interested in any Trust created by or pursuant to this Declaration.

4.03 Spendthrift Provision

Except as otherwise expressly provided in this Declaration, no beneficiary of any Trust provided for in this Declaration shall have any right, power, or authority to alienate, encumber, or hypothecate her or her interest in the principal or income of such Trust in any manner, nor shall such interest of any beneficiary be subject to claims of his or her creditors or liable to attachment, execution, or other process of law.

4.04 Perpetuities Savings Clause.

Unless sooner terminated in accordance with other provisions of this instrument, Trusts created under this instrument shall terminate 21 years after the death of the last survivor of the Trustor. The principal and undistributed income of a terminated Trust shall be distributed to

the then income beneficiaries of that Trust in the same proportion that the beneficiaries are entitled to receive income when the Trust terminates. If at the time of such termination the rights of income are not fixed by the terms of the Trust, distribution under this clause shall be made, by right of representation, to the persons who are entitled or authorized, in the Trustee's discretion, to receive Trust payments.

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4.05 **Distribution in Kind or in Cash**

On any final or partial distribution of the assets of the Trust Estate, the Trustee may distribute or divide such assets in kind, may distribute or divide undivided interests in such asset, or may sell all or any part of such assets and make distribution or division in cash or partly in cash and partly in kind. The decision of the Trustee, either prior to or on any division or distribution of such assets, as to what constitutes a proper division of such assets of the Trust Estate shall be binding on all persons in any manner interested in any Trust provided for in this Declaration.

4.06 **Definition of "Issue" and "Children"**

The terms "issue" and "children" as used in this Declaration mean lawful issue and do include legally adopted children.

ARTICLE FIVE. PROVISIONS APPLICABLE TO TRUSTEE

5.01.

[a] The persons named as Trustee hereunder shall act as Trustee of any and all Trusts created by this Declaration of Trust.

[b] **Original Trustee.** The original Trustee appointed hereunder, subject to the right to resign at any time, shall continue to act as Trustee so long as he is able.

[c] First Successor Trustee. If the original Trustee shall for any reason fail to qualify or cease to act as the Trustee, **DAL GRAHAM** is appointed and shall become and act as Trustee in the place and stead of the original Trustee who failed to qualify or ceased to act. If DAL GRAHAM is unable or unwilling to act as Trustee **CHARLES GRAHAM** is appointed and shall act as Trustee.

[d] Trustee's Bond. No bond shall be required of any individual named in this instrument as Trustee or of any individual appointed as Trustee in the manner specified herein, for the faithful performance of his or her duties as Trustee(s).

[e] Responsibility of Successor Trustee. Any successor Trustee taking office hereunder shall have no responsibility for the acts or omissions of any prior Trustee and no duty to audit or investigate the accounts of administration of any prior Trustee nor, unless in writing, he or she is requested to do so by any person having a present or future beneficial interest under this Trust, shall he or she have any duty to take action or obtain redress for breach of trust.

[f] Accounting. During the lifetime of Trustor, the Trustee shall account only to the Trustor and his/her written approval shall be final and conclusive in respect to transactions disclosed in the account as to all beneficiaries of the Trust, including unborn and contingent beneficiaries. After the death of the Trustor, the Trustee(s) shall render to the distributees of the Trust Estate an accounting.

[g] Compensation. The Trustee shall be entitled to reasonable compensation from time to time without prior court order.

[h] Incapacity of Trustee. If upon the written opinion of two medical doctors licensed by the State of California, any Trustee named herein is mentally or physically unable or incapable of performance of her duties as Trustee herein then in that event the succeeding alternate Trustee(s) named herein shall act as

sole Trustee with full powers, in place and stead of such incapacitated Trustee.

ARTICLE SIX. CONSTRUCTION OF TRUST

6.01.

The Trust created by this Declaration has been accepted by the Trustee in the State of California, will be administrated by the Trustee in the State of California, and the validity, construction, and all rights under this Declaration shall be governed by the laws of the State of California.

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6.02 Invalidity of Any Provision.

Should any provision of this Declaration be or become invalid or unenforceable, the remaining provisions of this Declaration shall be and continue to be fully effective.

6.03 Notices.

Any notices or other communication required or permitted by this Declaration to be delivered to or served on the Trustee shall be deemed properly delivered to, served on, and received by the Trustee when personally delivered to the Trustee, or, in lieu of such personal service, when deposited in the United States mail, Certified Mail with postage prepaid, addressed to the Trustee at the then last known residential address.

6.04 Gender and Number.

As used in the instrument the masculine, feminine, or neuter gender, and the singular or plural number, shall each include the others whenever the context so indicates.

6.05 Contest.

In the event any heir of Settlor or beneficiary under this Trust shall, singly or in conjunction with any other person or persons, contest in any court the validity of this Trust or of deceased Settlor's Last Will, or seek to obtain an adjudication in any proceeding in any Court that this Trust or any of its provisions or that such Will or any of its provisions is void, or seek

ARTICLE SEVEN NAME OF TRUST

7.01

The Trust created by this instrument shall be referred to as the "**LUCILLE B. GRAHAM 2001 TRUST**".

Executed on May 10, 2001, in the City of San Fernando, County of Los Angeles,
State of California.

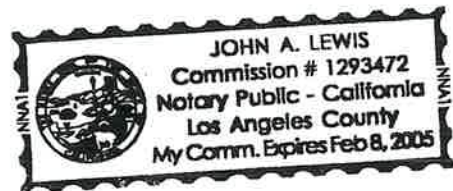

LUCILLE B. GRAHAM
Settlor/Trustor


LUCILLE B. GRAHAM
Trustee

State of California)
) ss.
County of Los Angeles)

On May 10, 2001, before me, John A. Lewis, Esq., Notary Public, personally appeared, LUCILLE B. GRAHAM, personally 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 and acknowledged to me that she executed the same in her authorized capacities, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and seal.



John A. Lewis
Signature

LAST WILL AND TESTAMENT

OF

LUCILLE B. GRAHAM

I, **LUCILLE B. GRAHAM**, hereby declare and publish this my Last Will and Testament.

I

PERSONAL INFORMATION, INTENDED DISPOSITION,

AND REVOCATION OF PRIOR WILLS

A. IDENTITY

My residence and domicile is in the City of Sylmar, County of Los Angeles, State of California. I am of legal age and sound and disposing mind and memory, and am not acting under any duress, menace, fraud or undue influence of any person or persons whomsoever. I hereby expressly revoke any and all former Wills and Codicils made by me.

B. MARITAL STATUS, ISSUE AND RELATIVES

I am currently not married.

I was previously married to Donald D. Graham, said marriage was terminated by divorce in 1943. I have three (3) children the issue of said marriage, namely DAL GRAHAM, ROBERT GRAHAM, and CHARLES GRAHAM. I have no other children or predeceased children.

C. NO PRETERMITTED HEIRS.

I have intentionally made no provisions for my descendants or other heirs.

D. INTENDED DISPOSITION.

It is my intention to dispose of all my property, of whatever nature and description, wheresoever situated which I am entitled to dispose of by Will.

II

LEGACIES

I give all of my estate to the Trustee under that Trust designated the **LUCILLE B. GRAHAM 2001 TRUST** established May 10, 2001, of which I am the Trustor and the Trustee. I direct that the residue of my estate shall be added to, administered, and distributed as part of that Trust, according to the terms of the Trust and any amendment made to it before my death. To the extent permitted by law, it is not my intent to create a separate Trust by this Will or to subject the Trust or the property added to it by this Will to the jurisdiction of the probate court except as provided in the Trust mentioned above.

B. INCORPORATION BY REFERENCE

If the disposition in **ARTICLE II** is inoperative or is invalid for any reason, or if the Trust referred to in **ARTICLE II** fails or is revoked, I incorporate here by reference the terms of that Trust, as executed on May 13, 2001, without giving effect to any amendments made subsequently, and I bequeath and devise the residue of my estate to the Trustee named in the Trust as Trustee, to be held, administered and distributed as provided in the Trust instrument incorporated in this Will.

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III

TAXES; PAYMENT THEREOF

I direct that all inheritance, estate or other death taxes that by reason of my death be attributable to my estate, or any portion of it, including any property received by any person as a family allowance or homestead, shall be paid by my Executor/Executrix pursuant to the provisions of the **LUCILLE B. GRAHAM 2001 TRUST**.

IV

EXECUTOR

I hereby nominate and appoint DAL GRAHAM as Executor of this Will, to serve without bond. If DAL is unable or unwilling to act, I nominate and appoint CHARLES GRAHAM as Executor of this Will, to serve without bond.

I authorize my Executor to sell, with or without notice, at either public or private sale, to lease or encumber by mortgage or otherwise any property, real or personal belonging to my estate, subject to only such confirmation of court as may be required by law.

No bond shall be required of anyone nominated herein to act as Executrix.

V

WILL CONTEST

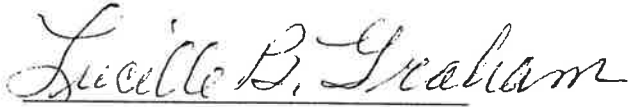
If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me without issue.

VI

DISINHERITANCE OF OTHER HEIRS

Except as otherwise provided in this Will, I have intentionally omitted to provide herein for any of my heirs living at the date of my death.

I subscribe my name to this Will this 10th DAY OF May , 2001, at San Fernando, California.


LUCILLE B. GRAHAM

The foregoing instrument, consisting of five (5) pages including the one upon which the signatures of the witnesses appear, was on the date hereon by the said Testator signed and published as, and declared to be, her Last Will and Testament, in the presence of us who, at her request, and in her presence, and in the presence of each other, have subscribed our names as witnesses hereto.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 10, 2001 at San Fernando, California.


JOHN A. LEWIS

business address:
501 South Brand Boulevard
San Fernando, CA. 91340


THERESA G. GLOVER

residence address:
30616 San Martinez Road
Val Verde, CA 91384

CERTIFICATION OF VITAL RECORD

OFFICE OF
VITAL
STATISTICS

CERTIFICATE OF DEATH State of Delaware (107)

LOCAL REG NO.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

DECEDENT

TO FUNERAL DIRECTOR: After certificate has been signed by attending physician and completely filled in by funeral director, remove carbons, the parts 1 and 2 with Registrar within 72 hrs. after death and then use Burial-Transit Permit for disposition of body.

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST) Robert D. Graham			2. SEX Male		3. DATE OF DEATH (MO., DAY, YR.) June 27, 2005	
4. SOCIAL SECURITY NO. 69		5A. AGE (YRS) MONTHS DAYS 69		5C. UNDER 1 DAY HOURS MINUTES		6. DATE OF BIRTH (MO., DAY, YR.) May 9, 1936
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Wendell, Idaho		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ YES ☐ NO				
9. ANATOMICAL GIFT ☐ CONSENT GRANTED ☒ NOT GRANTED		10A. PLACE OF DEATH (CHECK ONLY ONE; SEE INSTRUCTIONS ON OTHER SIDE) ☒ HOSPITAL ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA ☐ OTHER ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)				
10B. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER) Christiana Care Health Services Christiana Hospital			10C. CITY, TOWN, OR LOCATION OF DEATH Newark		10D. COUNTY OF DEATH New Castle	
11. MARITAL STATUS — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPEC.) Divorced		12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME) -----		13A. DECEDENT'S USUAL OCCUPATION (KIND OF WORK DURING MOST OF WORKING LIFE. DO NOT USE RETIRED) Painter		13B. KIND OF BUSINESS/INDUSTRY Artist
14A. RESIDENCE — STATE New York		14B. COUNTY New York		14C. CITY, TOWN, OR LOCATION New York		14D. STREET AND NUMBER 411 West 50th Street
14E. INSIDE CITY LIMITS? (YES OR NO) Yes		14F. ZIP CODE 10019		15. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY NO OR YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) ☒ NO ☐ YES		16. RACE — AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY) White
17. DECEDENT'S EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ELEMENTARY/SECONDARY (0-12) 4		18. FATHER'S NAME (FIRST, MIDDLE, LAST) Donald D. Graham		19. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME) Lucille Brown		

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING OFFICIAL

ITEMS 27-29 MUST BE COMPLETED BY PHYSICIAN OR NURSE WHO PRONOUNCES DEATH

SEE DEFINITION ON OTHER SIDE

CERTIFIER

20A. INFORMANT'S NAME (TYPE/PRINT) Roland Wall		20B. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) 163 Brookside Blvd. Newark, De. 19713	
21A. METHOD OF DISPOSITION ☐ BURIAL ☒ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)		21B. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE) R.A. Ferris Crematory	
22A. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		22B. LICENSE NUMBER (OF LICENSEE) K1000514	
23. NAME AND ADDRESS OF FACILITY Cremation Service of Delaware 519 Phila. Pike Wilm., De. 19809		24. DATE FILED (MO., DAY, YR.) JUN 30 2005	

25. COMPLETE ITEMS 26 A-C ONLY WHEN CERTIFYING PHYSICIAN IS NOT AVAILABLE AT TIME OF DEATH TO CERTIFY CAUSE OF DEATH		26A. DATE, TIME, AND PLACE OF DEATH June 27, 2005	
26B. SIGNATURE AND TITLE Ray A. Blackwell, MD		26C. LICENSE NUMBER C10004901	
27. TIME OF DEATH 11:24		28. DATE PRONOUNCED DEAD (MO., DAY, YR.) June 27, 2005	
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (YES OR NO) No		30. DATE SIGNED (MO., DAY, YR.) 6-27-05	

30A. CERTIFIER (CHECK ONLY ONE) ☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 26) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. ☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying the cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ MEDICAL EXAMINER 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 as stated.	
30B. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
30C. LICENSE NUMBER C10002602	
30D. DATE SIGNED (MO., DAY, YR.) 6-27-05	

31. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 40) (TYPE/PRINT) Kathleen W. McNicholas, MD 4745 Ogletown-Stanton Rd Newark, DE 19713	
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32A. WAS AN AUTOPSY PERFORMED? ☐ YES ☒ NO		32B. MANNER OF DEATH ☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED	
33. DATE OF INJURY (MO., DAY, YR.)		34. TIME OF INJURY ☐ AM ☐ PM	
35. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY))		36. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE)	

40. PART I DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE PER EACH LINE. IMMEDIATE CAUSE (FINAL DISEASE, INJURY OR CONDITION THAT IN YOUR OPINION CAUSED THE DEATH) (A) Coronary Artery Disease DUE TO (B) DUE TO (C) DUE TO (D) 090108		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2005 JUN 29 P 1:11	
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PART II OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO CAUSE OF DEATH 090108	
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(1) ORIGINAL COPY—STATE

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Delaware Division of Public Health.

Any alteration of this document is prohibited. Do not accept unless on security paper with the raised seal of the Office of Vital Statistics.

State Registrar





IDAHO DEPARTMENT OF
WATER RESOURCES

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, ID 83301-5858

Phone: 208-736-3033 • Fax: 208-736-3037 • Email: southerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

April 30, 2024

CHARLES SCOTT GRAHAM
4806 SALMON CREEK DR
BUHL ID 83316-5151

Re: Change in Ownership for Water Right No(s): 71-7003

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) 293-9908.

Sincerely,

Denise Maline
Administrative Assistant 1

Enclosure(s)

c: Water District 71



IDAHO DEPARTMENT OF
WATER RESOURCES

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, ID 83301-5858

Phone: 208-736-3033 • Fax: 208-736-3037 • Email: southerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

March 20, 2024

CHARLES S GRAHAM
4806 SALMON CREEK DR
BUHL ID 83316

Re: Current Ownership for Water Right No(s). 71-7003

Dear Property Owner(s):

The Department is working to clean up water right records and we discovered that the ownership may need to be updated for the water right(s) referenced above. The water rights referenced above are currently in the name of Lucille B Graham, however after further research, it was discovered that you may be the current owner of the property associated with these water rights. Enclosed is additional information for your review.

In order to update our records to reflect your ownership of these water rights, please complete the enclosed Notice of Change in Water Right Ownership form and return to this office with all of the required information within sixty (60) days of the date of this letter.

Thank you in advance for your cooperation. If you have any questions regarding this letter, please feel free to contact our office.

Sincerely,

Denise Maline

Denise Maline
Administrative Assistant

Enclosures

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
650 Addison Ave. W., Ste. 500
Twin Falls, ID 83301-5858

WP
71

LUCILLE B GRAHAM
PO BOX 630956
LANAI CITY HI 96763-0956

967630956 83301
833015858

FIRST-CLASS



US POSTAGE PAID PITNEY BOWES

ZIP 83301 \$ 000.64⁰
02 7H
0001280685 MAR 04 2024

RECEIVED

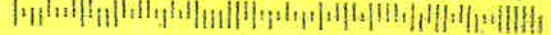
MAR 19 2024

DEPT. OF WATER RESOURCES
SOUTHERN REGION

NIXIE 968 FE 1 0003/15/24

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 83301585825 *3014-03826-05-01



Water District 71 Annual Meeting Notice

71-7003

Per tax parcel info: Charles S Graham, 4806 Salmon Creek Dr, Buhl ID 83316

Ownership change information sent 3-20-2024

DM