

FEB 18 2025

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESDEPT. OF WATER RESOURCES
EASTERN REGION

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?
77-14353 OK	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: Loon Creek Land Co. LLC and John Short
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): John Short Revocable Trust U/A/D
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
4377 Balsam Dr. Park City UT 84098
Mailing address City State Zip
mw@short-consulting.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: Nov 1, 2019
6. Do you own the land identified as the water right place of use? ☒ Yes ☐ No
o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.
7. This form must be signed and submitted with the following **REQUIRED** items:
☒ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☒ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
☒ Filing fee (see instructions for further explanation):
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: Mary W. Short Trustee 1/14/2025
Signature of new owner/claimant Title, if applicable Date
Mary W. Short
Print name

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

Received by JB Date 2/18/2025 For IDWR Office Use Only: \$25. - for this app.
Receipt No. E050652 Receipt Amt. \$125. -

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 JB Processed by JB Date 2/25/2025

System would not accept address on app, but did accept the address on Trust & Death Certificate.

Instrument # 266465

CHALLIS, CUSTER, IDAHO

02-07-2025

11:35:00

No. of Pages: 1

Recorded for: GIVENS PURSLEY LLP

Lura H. Baker

Fee: \$15.00

Ex-Officio Recorder Deputy: DG

When Recorded Return To:

John H Short Revocable Trust
 Attn. Mary Short, Trustee
 524 SW 11th Ave.
 Fort Lauderdale, FL 33312

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

WATER RIGHT QUITCLAIM DEED

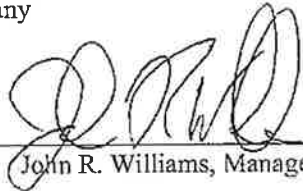
FOR VALUE RECEIVED, the receipt and sufficiency of which is hereby acknowledged, Loon Creek Land Company, LLC, an Idaho limited liability company, whose address is 523 W Mesa Grande Ln., Boise, ID 83702 ("**Grantor**"), does hereby convey, release, remise, and forever quitclaim unto The John H Short Revocable Trust, whose address is 524 SW 11th Ave., Fort Lauderdale, FL 33312 ("**Grantee**"), all of Grantor's right, title, and interest in and to that certain decreed water right identified as number 77-14353 in the records of the Idaho Department of Water Resources.

IN WITNESS WHEREOF, the undersigned has caused their name to be hereunto subscribed this 1st day of November, 2019.

GRANTOR:

Loon Creek Land Company, LLC, an Idaho limited liability company

By: _____



John R. Williams, Manager

STATE OF IDAHO)

) ss.

County of Ada)

On this 7 day of February, 2025, before me, the undersigned, a notary public in and for said county and state, personally appeared John R. Williams, known or identified to me (or proved to me on his/her oath) to be the Manager of Loon Creek Land Company, LLC, the limited liability company that executed the above instrument, or the person who executed the instrument on behalf of said limited liability company, and acknowledged to me that such limited liability company executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Notary Public for Idaho

Residing at Ada CountyMy Commission expires 9-20-2030

CERTIFICATE OF TRUST
(Executed pursuant to Utah Code Section 75-7-1013)

The undersigned, as the currently acting trustee of the trust, being of lawful age, hereby declares the following to be true and correct:

1. The John H. Short Revocable Trust dated December 29, 1997, as amended and restated on August 25, 2011, and further amended on November 15, 2011, is a valid and existing trust. The amended and restated Trust Agreement dated August 25, 2011 and the Amendment dated November 15, 2011 are the governing documents for the John H. Short Revocable Trust. Copies of the governing documents are available upon request from the trustee or the trustee's legal counsel.

2. John H. Short is the trustor of the trust. John H. Short died on April 10, 2015.

3. The name and address of the trustee of the trust is:

Mary Wilkes Short

4799 Balsam Drive
Park City, UT 84098

4. The trustee is authorized by the trust agreement to sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert or allot the trust property, including real and personal property, including but not limited to securities of all kinds, and to sell upon deferred payments, without limitation.

5. The trust is an irrevocable trust, and may not be revoked or amended

6. Title to trust assets is to be taken in the following manner (exact wording of trust):

Mary Wilkes Short, or her successors, as Trustee of the John H. Short Revocable Trust dated December 29, 1997, as amended

The trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect. This Certification is executed by all of the currently acting trustees of the trust.

DATED the 15 day of June, 2015.



Mary Wilkes Short, Trustee

STATE OF UTAH)

COUNTY OF Salt Lake)

: ss.

On the 15 day of June, 2015, personally appeared before me Mary Wilkes Short, the signer of the foregoing instrument, who duly acknowledged to me that she executed the same.



[Signature]
Notary Public

1331926

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

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. 2015-03760

04/20/2015

OK - A COPY OF THIS DOCUMENT CONTAINS THE STATE'S INTEREST IN THE DEATH OF THE DECEDENT AND THE DEPARTMENT OF HEALTH AND WELFARE HAS THE RIGHT TO USE THE INFORMATION FOR ANY PURPOSES.

Local Reg. No.

DECEASED	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) JOHN HOWARD SHORT		2. SEX MALE	3. SOCIAL SECURITY NUMBER	
	4a. AGE Last Birthday 70 (y m d) 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes		5. DATE OF BIRTH (Mo/Day/YY) 10/08/1944		6. BIRTHPLACE (City and State, Territory, or Foreign Country) PHILADELPHIA, PENNSYLVANIA
FOR INSTRUCTIONS SEE INSTRUCTIONS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY UTAH		7b. COUNTY SUMMIT		7c. CITY OR TOWN PARK CITY
	7d. STREET AND NUMBER 4799 BALSAM DR.		7e. APT. NO. 84098		7f. ZIP CODE 84098
PARENTS	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If alive, give maiden name) MARY WILKES WAGNER		
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) NEW JERSEY		
INFORMANT	11b. FATHER'S NAME (First, Middle, Last, Suffix) JOHN WILBURT SHORT		12b. BIRTHPLACE (State, Territory, or Foreign Country) NEW JERSEY		
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARGARET VIVIAN SMITH		13c. MAILING ADDRESS (Street and number, City, State, Zip Code) 4799 BALSAM DR. PARK CITY, UT 84098		
DISPOSITION	13a. INFORMANT'S NAME (Type or print) MARY SHORT		13b. RELATIONSHIP TO DECEDENT WIFE		14. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY VALLEY MORTUARY - ID 785 VALLEY CENTRE DRIVE DRIGGS, IDAHO 83422
	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) VALLEY MORTUARY CREMATORY JACKSON, WYOMING 83002		
PLACE OF DEATH	16. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY SIGNED: TYSON J. CLEMONS		17a. LICENSE NUMBER (If known) M1295		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ PCA ☐ Hospice facility ☐ Nursing home, long-term care facility ☐ Decedent's home ☐ Other (Specify) UPPER LOON CREEK AIRSTRIP		20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE STANLEY, ID 83278		
DATE OF DEATH	21. DATE OF DEATH (Mo/Day/YY) (Specify month) April 10, 2015		22. TIME OF DEATH (Specify) Estimated 12:00 - 12:30		23. DATE OF DEATH (Mo/Day/YY) (Specify month) April 11, 2015
	24. TIME OF DEATH (Specify) Estimated 12:00 - 12:30		25. TIME OF DEATH (Specify) 07:50		
CAUSE OF DEATH	26. CAUSE OF DEATH (Enter the chain of events - Immediate, cause, or complications - that directly caused death. DO NOT write terminal events such as "as a result of", "respiratory arrest", or "cardiac arrest" without showing the events. DO NOT abbreviate. Enter only one cause on a line.) MULTI-SYSTEM BLUNT FORCE TRAUMA DUE TO (or as a consequence of) PLANE CRASH DUE TO (or as a consequence of) DUE TO (or as a consequence of)		27. IMMEDIATE CAUSE (Enter cause of death) IMMEDIATE		
	28. IMMEDIATE CAUSE (Enter cause of death) IMMEDIATE		29. IMMEDIATE CAUSE (Enter cause of death) IMMEDIATE		
CERTIFICATE	30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		31. IF FEMALE (Aged 15-44): ☐ Not pregnant in past year ☐ Not pregnant, but pregnant 41 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		32. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No
	32. DATE OF BIRTH (Mo/Day/YY) (Specify month) April 10, 2015		33. TIME OF BIRTH (Specify) Estimated 12:00 - 12:30		34. PLACE OF BIRTH (Decedent's home, farm, street, construction site, hospital, clinic, restaurant, hotel, etc.) UPPER LOON CREEK AIRSTRIP
REG-STATE	35. LOCATION OF DEATH IDAHO		36. CITY, Town or County STANLEY, CUSTER		37. ZIP CODE 83278
	38. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY. STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) PILOT OF A SMALL PLANE THAT CRASHED NTSB-FAA IS INVESTIGATING		39. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Transportation ☒ Driver/Operator ☐ Passenger ☐ Other (Specify) ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ Hitter ☐ Unknown		
CERTIFIER	40. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated.		41. LICENSE NUMBER 360		
	42. CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: VICKI ARMBRUSTER 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) VICKI ARMBRUSTER, PO BOX 1127 CHALLIS, ID 83226		43. DATE SIGNED 4 / 20 / 2015		
REG-STATE	44. REGISTRAR'S SIGNATURE JAMES B. GILLOTTE		45. DATE SIGNED 4 / 20 / 2015		

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: JUN 24 2016

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

JAMES B. AYDELOTTE
STATE REGISTRAR

State of Idaho
Department of Water Resources
Water Right

77-14353

POWER

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



Date created: 2/18/2025



Legend

- Quarter Quarters
- PLS Sections
- Townships
- Place of Use Boundary
- Point of Diversion

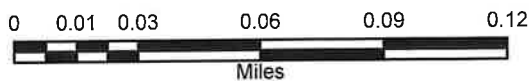


State of Idaho
Department of Water Resources
Water Right
77-14353
POWER

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



Date created: 2/18/2025



Legend

- Quarter Quarters
- PLS Sections
- Townships
- Place of Use Boundary





IDAHO DEPARTMENT OF
WATER RESOURCES

Eastern Region • 900 N Skyline Drive, Suite A • Idaho Falls, ID 83402-1718

Phone: 208-525-7161 • Fax: 208-525-7177 • Email: easterninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

February 25, 2025

THE JOHN SHORT REVOCABLE TRUST
4799 BALSAM DR
PARK CITY UT 84098-5161

Re: Change in Ownership for Water Right No(s): 77-14353

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) 497-3787.

Sincerely,

Jonie Baily
Technical Records Specialist 1

Enclosure(s)