

FEB 14 2025

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

Clerk

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Deputy Clerk

Claim ID: 95-18638

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly NORTHWEST TRUSTEE & MANAGEMENT SERVICES,
LLC AS TRUSTEE OF

1. Name of claimant(s) THE SHANNA PATNODE TRUST Phone (208) 287-0991

Mailing address PO BOX 18969 SPOKANE WA Zip 99228
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 4/10/2024 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (☒) or Other (☐) (a) _____
which is tributary to (b) _____

4. Location of point of diversion is: Township 49N, Range 04W, Section 04,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;

Parcel no. _____

Additional points of diversion, if any: NONE

If available, GPS coordinates: _____

5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

6" WELL TO A DEPTH OF 160' THAT SERVICES A DOMESTIC USE FOR 1 HOUSEHOLD

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs () or AFY ()
	1/1	12/31	
For <u>DOMESTIC</u> purposes from			amount <u>.04</u>
For _____ purposes from			amount _____

7. Total quantity claimed .04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC - 1 HOME

SCANNED

MAY 27 2025

9. Location of place of use is: Township 49N, Range 04W, Section 04,
SW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4
for (check one) **Domestic (X)** **Stock ()** **Domestic and Stock ()**

Additional places of use, if any NONE

10. In which county(ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (X) No () **IN TRUST**
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

NONE or None ()

13. Remarks (include an explanation of the priority date selected):

WHEN WELL WAS COMPLETED AND FIRST PUT TO BENEFICIAL USE.

14. Basis of claim (check one) **Beneficial Use (X)** **Posted Notice ()** **License ()** **Permit ()** **Decree ()**

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Water System Adjudication."

(b.) I/We do () do not (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Chief Fiduciary Officer of NORTHWEST TRUSTEE & MANAGEMENT SERVICES LLC
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Allison Bren Ferris Date 2-6-2025

Printed Name of Authorized Agent Allison Bren Ferris, CFO

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) CANDICE MCHUGH, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature Candice Mchugh Date 2/11/2025

Address PO BOX 107 BOISE ID 83701

Name of claimant(s) NORTHWEST TRUSTEE & MANAGEMENT SERVICES, LLC AS TRUSTEE - PATNODE Claim ID 95-18638

Untitled Map

Write a description for your map.

Legend

Feature 1

W Deer Path Trail

Patnode home

shop

water well

W Deer Path Trail

Section 4 SESE

Section 0 34401

Section 0 34401

S Magie Trail

Sleepy Mountain Trail

S Magie Trail

Google Earth

Image © 2025 Airbus

300 ft

