

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

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

RECEIVED

OCT 08 2025

IDWR/NORTH

AMENDED

Ident. Number: 97-7025
Date Received: 4/18/2022
Receipt No: N038560
Claim Fee:
Received 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**

1. Name of Claimant(s)

WAYNE E NETT
12 BERTA LN
COOLIN ID 83821

Phone:
509-720-3107

JOAN R CARLTON
12 BERTA LN
COOLIN ID 83821

Phone:
509-990-8825

KATHRYN M NETT
12 BERTA LN
COOLIN ID 83821

Phone: (509) 483-3780

2. Date of Priority: 5/3/1972

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	04W	27	SW NW	3	BONNER	

5. Description of diverting works:

WELL PIPED TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.02		1.2

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR 1 HOME WITH YARD

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	04W	27	SW		NW	3	

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

DATE THE WELL WAS DRILLED

09/25/1967

13. Basis of Claim: License # 97-7025

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin 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: 0

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): Kathryn M. Nett Date: 10/5/25
Jayne E. Nett Date: 10/5/25
Joan R. Carlton 10/05/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-022856

LOCAL FILE NUMBER: 2078

DATE ISSUED: 05/04/2022

FEE NUMBER: 143153189

FIRST AND MIDDLE NAME(S): EUGENE ALBERT

LAST NAME(S): NETT

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: APRIL 19, 2022

HOUR OF DEATH: 12:15 PM

SEX: MALE

AGE: 87 YEARS

SOCIAL SECURITY NUMBER: ~~REDACTED~~

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MARCH 26, 1935

BIRTHPLACE: CHEWELAH, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KATHRYN MARIE LORENTZEN

OCCUPATION: CARPENTER/PAINTER

INDUSTRY: MANUFACTURING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: KATHRYN NETT

RELATIONSHIP: SPOUSE

ADDRESS: 551 E JOSEPH AVE. SPOKANE, WA 99208

CAUSE OF DEATH:

A: CARDIOPULMONARY ARREST

INTERVAL: SECONDS

B: CHRONIC RESPIRATORY FAILURE WITH HYPOXEMIA

INTERVAL: YEARS

C: LUNG CANCER

INTERVAL: YEARS

D: SMOKING

INTERVAL: DECADES

OTHER CONDITIONS CONTRIBUTING TO DEATH: ASTHMA, SEVERE
OBSTRUCTIVE SLEEP APNEA, CAROTID ARTERY STENOSIS, MEMORY LOSS

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 551 E JOSEPH AVE

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

RESIDENCE STREET: 551 E JOSEPH AVE

CITY, STATE, ZIP: SPOKANE, WA 99208

INSIDE CITY LIMITS: YES

COUNTY: SPOKANE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 65 YEARS

FATHER: HUBERT H NETT

MOTHER: MARY L GREENO

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BALL & DODD FUNERAL HOME & CREMATORY

CITY, STATE: SPOKANE, WASHINGTON

DISPOSITION DATE: MAY 03, 2022

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

ADDRESS: 98 EAST FRANCIS

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

FUNERAL DIRECTOR: KATIE WILCOX

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JEFFREY J. EMERY, DO

TITLE: DO

CERTIFIER ADDRESS: 4815 N. ASSEMBLY ST

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99205

DATE SIGNED: MAY 02, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AJA RICHARDSON

DATE RECEIVED: MAY 03, 2022