

**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
JAN 12 2023
DEPARTMENT OF
WATER RESOURCES

Ident. Number: 96-8230
Date Received: 1.12.23
Receipt No: C115085
Claim Fee: \$25.00
Received By: KL

**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)

MARY KATHRYN ATTEBERRY LIVING TRUST
SUSAN BLENDE TRUSTEE
4050 GARFIELD ST
CARLSBAD CA 92008

Phone:

2. Date of Priority: 6/8/1983

3. Source: GROUND WATER **Trib. to:**

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	01W	34	SW SW		BONNER	

5. Description of diverting works: Well

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	1/01	12/31	0.06		1.2

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses: 2 Homes

SCANNED

JAN 12 2023

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	01W	34	SW		SW		

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:

13. Basis of Claim: License

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 XX wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Organizations:

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

Trustee of Mary Kathryn Atteberry Living Trust
Agents 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 Susan Blende TEE Date Jan 4, 2023

Printed Name of Authorized Agent Susan Blende, TEE