

RECEIVED

SEP 01 2023

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR / NORTH 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?
87-10118	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: Claud Furnare
Name of current water right holder/claimant

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

2624 Danby Ct. Moscow ID 83843
Mailing address City State Zip
(208) 964-2667 cindy@truthusa.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: May 1, 2000

6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
☐ 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):
☐ \$25 per undivided water right.
☐ \$100 per split water right.
☐ 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: Cindy Sue Furnare 8-29-23
Signature of new owner/claimant Title, if applicable Date
Cindy Sue Furnare
Print name

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

SCANNED

Received by PS Date 9/1/23 For IDWR Office Use Only: SEP 9 2023
 Receipt No. N044013 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 NS Date 9/29/23

WARRANTY DEED

For Value Received

Curtis Blum and Stacy Blum, husband and wife

the Grantors do hereby grant, bargain, sell and convey unto

Claud A. Furnare and Cindy S. Furnare, husband and wife

the Grantee whose current address is: 2624 Danby Court Moscow, Id 83843

the following described premises, in

Latah

County Idaho, to-wit:

Lot 7, Block 1, Canterwood Estates Subdivision to Latah County, Idaho,
as shown by the recorded plat thereof. Along with one share of stock
in the Canterwood Estates Homeowners Associations, Inc.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee s , their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantee s, that they' re the owners in fee simple of said premises; that said premises are free from all encumbrances

and that they will warrant and defend the same from all lawful claims whatsoever.

Dated: 4-26-00

Curtis Blum
Curtis Blum

Stacy Blum
Stacy Blum



On this 26 day of April in the year 2000,
before me, a Notary Public, personally appeared
Curtis Blum
Stacy Blum

known or identified to me to be the person^s whose name^s
is/are subscribed to the within instrument, and acknowledged
to me that they executed the same.

Susan Petersen
Notary Public

Residing at: Moscow, Idaho

Commission Expiration Date 5/25/2000STATE OF IDAHO, COUNTY OF Latah

I hereby certify that this instrument was filed for record
at the request of MOSCOW TITLE, INC

at 49 minutes past 7 o'clock A M.,
this 1st day of May,
2000, in my office, and duly recorded in Book of Deeds at
Page 450179

SUSAN PETERSEN

Ex-Officio Recorder

By S. Chapman

Deputy.

Fees \$ 3.00

Mail to: MOSCOW TITLE, INC

SCANNED
SEP 19 2023

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, MAY BE USED AS PROOF OF DEATH FOR PURPOSES OF THE IDAHO DEPARTMENT OF HEALTH AND WELFARE, BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

Local Reg. No. _____

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS.	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) CLAUD ALLEN FURNARE		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 76 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
	5. DATE OF BIRTH (Mo/Day/Yr) 01/05/1946		6. BIRTHPLACE (City and State, Territory, or Foreign Country) SANTA BARBARA, CALIFORNIA			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY LATAH		7c. CITY OR TOWN MOSCOW	
PARENTS 10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	7d. STREET AND NUMBER 2624 DANBY CT		7e. APT. NO. 83843		7f. ZIP CODE 83843	
	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No		8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown			
	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) CINDY TAYLOR		11a. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA			
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EVELEE BYRD		12b. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA			
INFORMANT 13a. INFORMANT'S NAME (Type or print) CINDY FURNARE	13b. RELATIONSHIP TO DECEDENT SPOUSE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2624 DANBY CT MOSCOW, ID 83843			
	14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify): _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOSCOW CEMETERY MOSCOW, IDAHO 83843		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY SHORT'S FUNERAL CHAPEL 1225 EAST SIXTH STREET MOSCOW, IDAHO 83843	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PHILLIP N. HUTTON		17b. LICENSE NUMBER (Of licensee) M1295		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify): _____					
DISPOSITION 20. FACILITY NAME (If not facility, give street and number) 2624 DANBY CT	21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE MOSCOW, ID 83843		22. COUNTY OF DEATH LATAH			
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 24, 2022		24. TIME OF DEATH (24hr) 05:28		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 24, 2022	
	26. TIME PRONOUNCED DEAD (24hr) 05:28		27. CAUSE OF DEATH			
	PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ACUTE KIDNEY INJURY DUE TO (or as a consequence of): _____ b. ACUTE PULMONARY EDEMA DUE TO (or as a consequence of): _____ c. CAD DUE TO (or as a consequence of): _____ d. _____					
PLACE OF DEATH 28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No		29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown			
	30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☒ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within this past year		31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined			
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) November 24, 2022		33. TIME OF INJURY (24hr) 05:28		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]	
	35. INJURY AT WORK? ☐ Yes ☒ No		36. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____			
DATE OF DEATH CAUSE OF DEATH	37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY. STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. [REDACTED]					
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify): _____		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☒ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the nature cause(s) manner stated.		39b. LICENSE NUMBER M-12352			
	39c. DATE SIGNED 11 / 29 / 2022 MM DD YYYY		39d. SIGNATURE ELECTRONICALLY SIGNED: RONALD F. BALDWIN, M.D.			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) RONALD F. BALDWIN, 623 S. MAIN STREET MOSCOW, ID 83843-3042		40b. DATE SIGNED 11 / 29 / 2022 MM DD YYYY			
	40a. REGISTRAR'S SIGNATURE [Signature]		40c. DATE SIGNED 11 / 29 / 2022 MM DD YYYY			
	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.					
	41. REGISTRAR'S SIGNATURE [Signature]					

DATE ISSUED: **DEC 06 2022**

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

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

September 29, 2023

CINDY S FURNARE
2624 DANBY CT
MOSCOW ID 83843-8525

Re: Change in Ownership for Water Right No(s): 87-10118

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) 762-2813.

Sincerely,

Natalie Steading

Natalie Steading
Tech Records Specialist 1

Enclosure(s)

SCANNED
SEP 29 2023