

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 KOOTENAI RIVER BASIN WATER
SYSTEM**

CIVIL CASE NUMBER: 89576

Claim ID: 98-7844
Date Received: 9/8/26
Receipt No: NO46331
Claim Fee: \$2500 By: MB

RECEIVED NOTICE OF CLAIM TO A WATER RIGHT

SEP 08 2026

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Phebus Living Trust (formerly Dawn N Zetko) Phone (208) 627-7248
Mailing address PO Box 128 Naples 83847
Street or Box City State Zip
Email address (optional) Dawnzetko1@gmail.com
2. Date of priority: (Only one per claim) 05/11/2005 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) unnamed stream, spring
which is tributary to (b) Fall Creek
4. Location of point of diversion is: Township 60N, Range 01W, Section 5,
1/4 of 1/4, or Govt. Lot BM, County of Boundary;
Parcel no. RP60N01W057500A
Additional points of diversion, if any: small spring that trickles into the unnamed stream.
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.
Pipelines going from stream/spring runs downhill to water storage tank, then down to the house.
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 01/01 to 12/31 amount <13,000 gal
Month/Day Month/Day cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed <13,000 gal cfs () or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic- 1 home Stockwater- 2 goats, 25 chickens

9. Location of place of use is: Township 60N, Range 01W, Section 5,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4
for (check one) **Domestic** () **Stock** () **Domestic and Stock** (✓)

Additional places of use, if any watering my gardens

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

11. Do you own the property listed above as place of use? Yes (✓) No ()
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.
_____ or None (✓)

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

Priority date is the date shown on the forms I received from IDWR when I purchased the property and changed the name from the previous owners to me.

14. Basis of claim (check one) Beneficial Use () Posted Notice () License (✓) Permit () Decree ()
Court 5th District Decree Date _____ Plaintiff v. Defendant 00-89576

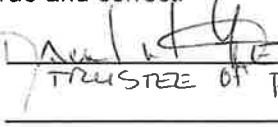
If applicable provide IDWR Water Right Number 98-7844

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 Kootenai River Basin Water System Adjudication."

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

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)  DANIEL J. PHEBUS, TRUSTEE Date: 08/23/2026
TRUSTEE OF PHEBUS FAMILY TRUST

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

_____ of _____,
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 _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, 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 _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____