

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
94-7811	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>

2. Previous Owner’s Name: CALVIN AND MARJORIE FENTOR
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): CALVIN FENTOR OR STEVEN FENTOR
New owner(s) as listed on the conveyance document Name connector ☐ and ☒ or ☐ and/or

31967 S BENEWAH RD	HARRISON	ID	83833
Mailing address	City	State	ZIP
509-999-0789	STEVEFENTER@HOTMAIL.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.


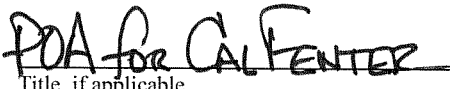
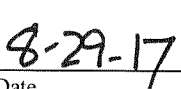
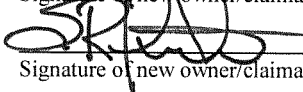
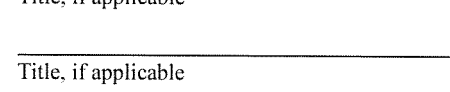
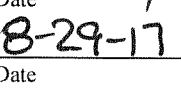
5. Date you acquired the water rights and/or claims listed above: 1994

6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:

- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
- If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
- New lessor(s) of record will receive payment after the following rental season.

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.

8. Signature: 		
Signature of new owner/claimant	Title, if applicable	Date
Signature: 		
Signature of new owner/claimant	Title, if applicable	Date

For IDWR Office Use Only:

Received by	Date	Receipt No.	Receipt Amt.
Approved by	Processed by	Date	

DURABLE POWER OF ATTORNEY (LIMITED)

The powers you grant below continue to be effective should you become disabled or incompetent.

I, CALVIN FENTER, residing at 31965 S. BENEWAH RD, HARRISON, ID 83833
hereby grant a limited and specific power of attorney to STEPHEN R. FENTER, residing at 31967 S. BENEWAH RD, HARRISON, ID 83833, and appoint this individual as my Attorney (attorney-in-fact).

My Attorney shall have full power and authority to act in my name, place and stead for only the following specific limited purpose(s) to the same extent as if I had done so personally.

ALL MATTERS WITH RESPECT TO MATTERS WITH THE COEUR D'ALENE TRIBE OF INDIANS AND/OR STATE OF IDAHO REGARDING LAND AND REAL ESTATE.

The authority granted shall include the full power and authority to perform all and every act and duty that is reasonably required or necessary to perform the duties and authorities listed above.

My Attorney accepts this appointment subject to its term and agrees to perform in a fiduciary capacity consistent with my best interests.

If any part of any provision of this power of attorney shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such validity only, without affecting the remaining provisions.

I hereby revoke any power of attorney heretofore given covering the authority and powers herein granted, without prejudice; and I hereby ratify and confirm all previous acts of my Attorney or Attorneys with the same force as if such acts had been done after the execution and deliver of this power of attorney.

I may at any time revoke this power of attorney by completing the Revocation portion of this form below or by filing an instrument of revocation in the records of the county in which I reside.

This power of attorney shall become effective immediately, and shall not be affected by my disability or lack of mental capacity, except as provided by an applicable state statute.

If my Attorney named by me dies, becomes legally disabled or refuses to act, I name the following to act as successor to my Attorney:

_____.

In Witness Whereof, I have executed this Limited Power of Attorney, this 28 day of AUGUST, 2017.

Calvin Fenter

Principal Signature

First Witness name

Second Witness Name

First Witness Signature

Second Witness Signature

STATE OF IDAHO

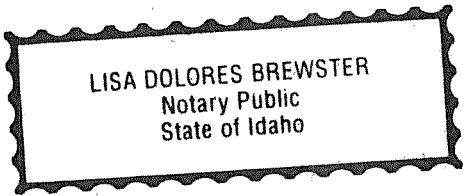
COUNTY OF KOOTENAI

ACKNOWLEDGEMENT

Sworn to and subscribed before me, this the 28th day of August, 2017.

Lisa Dolores Brewster
Notary Public

My Commission Expires: 9/22/2022



REVOCATION

This Durable Power of Attorney (Limited) is hereby revoked by signing below.

Dated this _____ day of _____, 20____.

Principal Signature

This revocation is signed, sealed and delivered in the presence of:

Witness Name

Witness Signature

Notary Public

My Commission Expires: _____

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, OBTAINED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE (JANUARY 1994), SHALL BE USED AS PROOF OF THE DEATH UNDER IDAHO AND OTHER IDAHO CODES

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) MARJORIE E FENTER				2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 83 (Years)		4b. UNDER 1 YEAR Months: 14 Days: 14 Hours: 14 Minutes: 14		5. DATE OF BIRTH (Mo/Day/Yr) 10/25/1933		6. BIRTHPLACE (City and State, Territory, or Foreign Country) CHEWELAH, WASHINGTON	
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN HARRISON		7d. ZIP CODE 83833	
	7e. STREET AND NUMBER 31965 S. BENEWAH RD.				7f. ART. NO. 83833		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown				9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) CALVIN FENTER			
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				11. FATHER'S NAME (First, Middle, Last, Suffix) FLOYD CHAPMAN			
INFORMANT	12. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) NELLIE G. EGAN				13. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA			
	14. INFORMANT'S NAME (Type or print) THERESA KIMBALL				15. RELATIONSHIP TO DECEDENT DAUGHTER			
DISPOSITION	16. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. BOX 9485 SPOKANE, WA 99209				17. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814			
	18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)				19. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814			
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: WILLIAM B. TOLLIVER				17b. LICENSE NUMBER (Of license) M0843		17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	18a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 16, 2017				24. TIME OF DEATH (24hr) 13:52		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 16, 2017	
	26. TIME PRONOUNCED DEAD (24hr) 13:52				27. CAUSE OF DEATH PART I: Enter the <u>chain of events</u> - 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. SEVERE DEMENTIA DUE TO (or as a consequence of): CHRONIC DYSPHAGIA DUE TO (or as a consequence of): DEMENTIA UNSPECIFIED DUE TO (or as a consequence of):			
CAUSE OF DEATH	28. IMMEDIATE CAUSE (Final disease or condition resulting in death) ANEMIA				29. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	30. DATE OF INJURY (Mo/Day/Yr) (Spell month) February 16, 2017				31. TIME OF INJURY (24hr) 13:52			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) February 16, 2017				33. TIME OF INJURY (24hr) 13:52			
	34. LOCATION OF INJURY: State: IDAHO City/Town or County: HARRISON Zip Code: 83833 Street and Number or Location: 31965 S. BENEWAH RD. Apartment Number: 				35. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INVOLVED, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. TRANSPORTATION - PASSENGER 36a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 36b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
CERTIFIER	37. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>possible</u> cause(s)/manner stated. <input type="checkbox"/> CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: ROBERT A. ANCKER, M.D.				38a. LICENSE NUMBER M-09371			
	38b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ROBERT A. ANCKER, 3493 NORTH GOVERNMENT WAY HAYDEN, ID 83835				38c. DATE SIGNED 2 / 20 / 2017 MM DD YYYY			
REGISTRAR	39a. REGISTRAR'S SIGNATURE James B. Aydelotte				39b. DATE SIGNED 2 / 22 / 2017 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.

FEB 22 2017

DATE ISSUED:

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

PANCO (Rev) 11/15

JAMES B. AYDELOTTE
STATE REGISTRAR



WARRANTY DEED

1338711

FOR VALUE RECEIVED MARJORIE CHAPMAN FENTER

the Grantor(s), do hereby grant, bargain, sell and convey unto:
STEPHEN R. FENTER

the Grantee(s), whose address(s) is are:
14345 S.W. WALKER RD.
BEAVERTON, OR 97006

the following described premises, to-wit:

SEE ATTACHED EXHIBIT A

THIS IS A GIFT DEED

STATE OF IDAHO }
COUNTY OF ACOSTENAI } SS
AT THE REQUEST OF
Marjorie C. Fenter
JAN 25 1 43 PM '94
NOTARY PUBLIC
[Signature]
FEES \$6.00 DEPUTY

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee(s), HIS heirs and assigns forever. And the said Grantor(s) do hereby covenant to and with the said Grantee(s), that IS (is) (are) the owner(s) in fee simple of said premises; that said premises are free from all encumbrances. Except:

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

Dated: 1/25/94

Marjorie Chapman Fenter

State of Idaho)
County of Kootenai) ss

On this 25 day of January, 1994, before me, a notary public in and for the said State, personally appeared Marjorie Chapman Fenter known to me to be the person(s) whose name(s) subscribed within instrument, and acknowledged to me that she executed the same.

[Signature]
Notary Public
Residing at: Coeur d'Alene, Id.
My Commission Expires: 11/1/96

State of)
County of) ss

I hereby certify that this instrument was filed for record at the request of _____

at _____ minutes past _____ o'clock __ m., this _____ day of _____, 19____, in my office, duly recorded in book _____ of Deeds at page _____.

Ex-Officio Recorder

By _____ Deputy.

Fees \$ _____

Mail to:

FENTER
PARCEL III

1338711

A parcel of land located in Government Lot 3, Section 29, Township 47 North, Range 3 West, Boise Meridian, Kootenai County, Idaho and being a portion of Tax Numbers 7381 and 7382 west of the county road and further being a portion of the South 168.00 feet of the North 368.00 feet of Government Lot 3 lying west of the county road and east of the Union Pacific Railroad and being described by metes and bounds as follows:

COMMENCING at a found C-E 1/16 corner being the northeast corner of Government Lot 3;

THENCE, along the east line of Government Lot 3, South 00° 13' 45" East, a distance of 200.00 feet to the northeast corner of Tax Number 7382;

THENCE, along the north line of Tax Number 7382, South 89° 34' 30" West, a distance of 334.11 feet to an iron rod, cap and steel fence post marking the intersection with the northwesterly right-of-way line of a county road for the POINT OF BEGINNING;

THENCE, along the northwesterly line of said county road, South 46° 32' West, a distance of 75.00 feet;

THENCE, South 89° 34' 30" West, a distance of 25.00 feet;

THENCE, North 00° 25' 30" West, a distance of 41.19 feet;

THENCE, South 89° 34' 30" West, a distance of 345.19 feet;

THENCE, South 00° 25' 30" East, a distance of 158.00 feet to the south line of Tax Number 7381;

THENCE, along the south line of Tax Number 7381, South 89° 34' 30" West, a distance of 100.00 feet;

THENCE, North 00° 25' 30" West, a distance of 168.00 feet to the north line of Tax Number 7382;

THENCE, along the north line of Tax Number 7382, North 89° 34' 30" East, a distance of 425.00 feet to the POINT OF BEGINNING.

890-29401.1g1
1/24/94.



STATE OF IDAHO }
COUNTY OF KOOTENAI } ss.

APR 07 2006

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF
THE ORIGINAL NOW ON FILE OR RECORD IN THIS OFFICE #1
DANIEL J. ENGLISH #1338711 Deeds

Clerk/Recorder

By

Deputy

QUITCLAIM DEED

FOR VALUABLE CONSIDERATION, The receipt and
sufficiency of which are hereby acknowledged,

MARJORIE ELLEN CHAPMAN FENTER

the Grantor , whose address is 31965 S. BENEWAH RD

RECORDER USE ONLY

HARRISON, ID 83833 do hereby remise, release and forever
quitclaim unto STEPHEN R FENTER

the Grantee , whose address is 31967 S. BENEWAH RD HARRISON,
ID 83833 and his heirs, successors and assigns, all of the

Grantor's right, title and interest, including after-acquired title, in the following
described premises, in , County of KOOTENAI,

State of Idaho, to-wit:

SEE ATTACHED EXHIBIT "A"

THIS IS A GIFT DEED

together with their appurtenances.

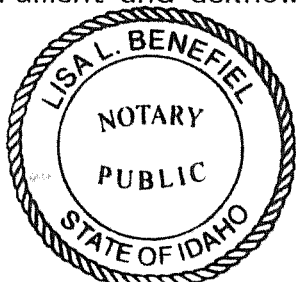
Dated: AUGUST 13, 2007

Marjorie E. Fenter

State of Idaho, County of Kootenai.

On this 13th day of August, 2007, before me a notary public
in and for said State, personally appeared Marjorie E. Fenter

known or proved to me to be the person whose name subscribed to the
within instrument and acknowledged to me that she executed the same.



Lisa L. Benefiel
Notary Public for the State of Idaho
Residing at Kootenai
My Commission Expires 02/26/2013

CONVEYANCE PARCEL

A parcel of land located in Government Lot 3, Section 29, Township 47 North, Range 3 West, Boise Meridian, Kootenai County, Idaho and being a portion of those certain tracts of land described in Instrument Numbers 553119, 553120 and 974192 known as Tax Numbers 7381 and 7382 west of the county road and further being a portion of the South 168.00 feet of the North 368.00 feet of Government Lot 3 lying west of the county road and east of the Union Pacific Railroad and being described by metes and bounds as follows:

COMMENCING at a found C-E 1/16 corner being the northeast corner of Government Lot 3;

THENCE, along the east line of Government Lot 3, South 00° 13' 45" East, a distance of 368.00 feet to an iron rod, cap and steel fence post marking the southeast corner of said tract Tax Number 7381;

THENCE, along the south line of Tax Number 7381, South 89° 34' 30" West, a distance of 858.54 feet to the POINT OF BEGINNING;

THENCE, continuing along the south line of Tax Number 7381, South 89° 34' 30" West, a distance of 120.00 feet;

THENCE, North 35° 06' 49" East, a distance of 206.45 feet to the north line of Tax Number 7382;

THENCE, South 00° 25' 30" East, a distance of 168.00 feet to the POINT OF BEGINNING.

8/10/07
890-69401.lgl



