

**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 COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM**

MAR 29 2019

CIVIL CASE NUMBER: 49576

Claim ID: 95-17785

Date Received: _____

Receipt No: _____

Claim Fee: _____

By: _____

Deputy Clerk

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

Please type or print clearly

- Name of claimant(s) JANET DILLON DUVAL TRUST Phone (602) 410-4142
Mailing address 3219 CAMELBACK RD #506 PHOENIX AZ Zip 85018
Street or Box City State
Email address (optional) JDILLONDUVAL@GMAIL.COM
- Date of priority: (Only one per claim) 12/31/1965 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) COEUR D ALENE LAKE
which is tributary to (b) SPOKANE RIVER
- Location of point of diversion is: Township 49N, Range 04W, Section 11,
NE 1/4 of NE 1/4, or Govt. Lot 1 BM, County of KOOTENAI;
Parcel no. 49N04W110125
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
PUMP IN THE LAKE PIPED TO HOME
- 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 0.04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE ONE HOME

9. Location of place of use is: Township 49N, Range 04W, Section 11,

NE 1/4 of NE 1/4, Govt. Lot 1 BM, Parcel no. 49N04W110125

If different than shown in Item 4

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any _____

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

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.

95-12057 or None ()

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

TAX PARCEL YEAR BUILT

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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 Coeur d'Alene-Spokane 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: 2

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) [Signature] Date: 3/22/19

Date: _____

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.

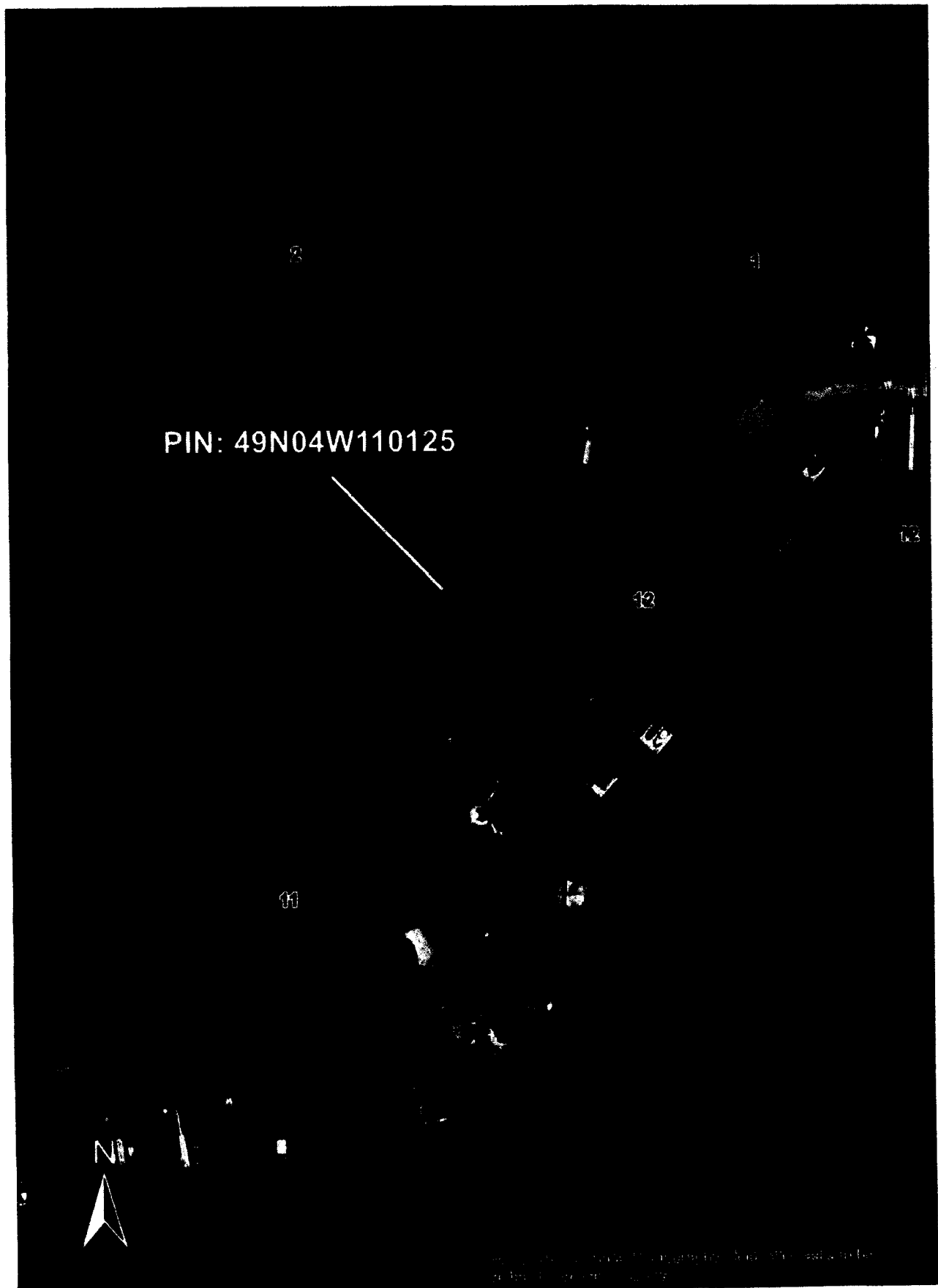
Signature _____ Date _____

Address _____

Name of claimant(s) JANET DILLON DUVAL TRUST

Claim ID _____

PARCEL LOCATION FOR CSRBA CLAIM



Identify from:

 Tax Parcels

☐ Tax Parcels

☒ JANET DILLON DUVAL TRUST

Location:

2,289,042.350 1,827,353.680 Meters

Field	Value
ID	10344143
UPDATED	9/10/2018
PERM	437840110105
OWNER	JANET DILLON DUVAL TRUST
ADDRESS1	3219 CAMELBACK RD #506
ADDRESS2	<null>
CITY	PHOENIX
STATE	AZ
ZIPCODE	85018
P_ADDRESS	1708 W VALHALLA RD
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	TAX #23373 [IN GL1]
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	1
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1965

Identified 1 feature

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