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JUL 06 2018

Form No. 42-1409-2 (Internet 5/17)  
IDWR / NORTH

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

CIVIL CASE NUMBER: 49576

Claim ID: 95-17585

Date Received: 7-6-18

Receipt No: NO33565

Claim Fee: 2500 By: [Signature]

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

1. Name of claimant(s) ROBERT AND/OR AUTUMN HILGER Phone ( 805 ) 816-3412  
Mailing address 27421 N FLATROCK RD ATHOL ID        Zip 83801  
Street or Box City State  
Email address (optional) rahilger1@verizon.net
2. Date of priority: (Only one per claim) 8/4/2004 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other ( ) (a)         
which is tributary to (b)
4. Location of point of diversion is: Township 53N, Range 03W, Section 22,  
SW 1/4 of SW 1/4, or Govt. Lot        BM, County of Kootenai,  
Parcel no. 0149500010140  
Additional points of diversion, if any:         
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.  
Well, pump and pipeline to home and garden
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For Domestic purposes from 1/1 to 12/31 amount 0.04 cfs (✓) or AFY ( )  
For        purposes from        to        amount
7. Total quantity claimed 0.04 cfs (✓) or AFY ( )
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
One Home w/garden

9. Location of place of use is: Township 53N, Range 03W, Section 22,  
SW 1/4 of SW 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 \_\_\_\_\_

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.

\_\_\_\_\_ or None (✓)

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

\_\_\_\_\_  
\_\_\_\_\_

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: 7/4/18  
\_\_\_\_\_ 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) ROBERT AND/OR AUTUMN HILGER Claim ID \_\_\_\_\_

Identify

Identify from: Taxlots

Taxlots

HILGER TRUST

Location: 2,298,678.168 1,861,173.762

Field	Value
ID	9297965
UPDATED	3/23/2018
PIN	0I4950010140
OWNER	HILGER TRUST
ADDRESS1	243 VIA OLIVERA
ADDRESS2	<null>
CITY	CAMARILLO
STATE	CA
ZIPCODE	93012
P_ADDRESS	27421 N FLATROCK RD
P_ZIPCODE	<null>
SUB_NAME	BRIGHT STAR AMENDED
LEGAL1	BRIGHT STAR (AMENDED), LT 14 Bl
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	10
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	2005

Identified 1 feature



