DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

NOV - 5 2026

By _____ Clerk
Deputy Clerk

**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

Ident. Number: 95-18814
Date Received:
Receipt No:
Claim Fee: $25.00
Received By: _____

**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**

1. Name of Claimant(s)

LAKE LIVING TRUST
143 RUBY RD
BLANCHARD ID 83804

Phone: (509) 951-8784

2. Date of Priority: 12/31/2023 OCTOBER 24, 2023

3. Source: GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	05W	21	NW NE		BONNER	

5. Description of diverting works:

WELL WITH PUMP TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC FOR 1 HOME

LAKE

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	21	NE		NE		
54N	05W	21	NW		NE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

_____

_____

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:
YEAR BUILT PER BONNER COUNTY RECORDS

13. Basis of Claim: Beneficial Use

14. Signature(s)

15 **(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D ALENE-SPOKANE River Basin Adjudication." (b.) I/We do _____ do not __X__ wish to receive and pay a small annual fee for monthly copies of the docket sheet.**

Number of attachments: _____

For Organizations:

16 I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

TRUSTEE of LAKE LIVING TRUST

Agents 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 _____ TRUSTEE Date 10-27-2026

Printed Name of Authorized Agent RICHARD S. LAKE

LAKE