

Kansas Department of Agriculture
 Division of Water Resources
CHANGE: P/U WORKSHEET

1. File Number: WH 003-D1	2. Status Change Date: <i>10-7-2020</i>	3. Change Num: C1	4. Field Office: 4	5. GMD: 1
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6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return	7. Filing Date of Change: 10/5/2020
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8a. Applicant(s) Person ID **51654**
 New to system Add Seq# _____

THOMAS A RIDDER
411 E COUNTY ROAD U
LEOTI, KS 67861-6104

8c. Landowner(s) Person ID **16785**
 New to system Add Seq# _____

PAULA K SMITH
40084 VIA MARISA
MURRIETA, CA 92562

8b. Landowner(s) Person ID **67352**
 New to system Add Seq# _____

FAIRCHILD FARMS KS LLC
10625 W FARM ROAD 188
REPUBLIC, MO 65738

8d. WUC Person ID _____
 New to system Add Seq# _____

8a

9. Documents and Enclosure(s): DWR Meter(s) Date to Comply: **12/31/2020** N & P Date to Comply: _____

Anti-Reverse Meter Meter Seal Check Valve N & P Form Water Tube Driller Copy H & E Letter

Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____

10. Use Made of Water From: _____ To: _____

Date Prepared: **10/6/2020** By: **AM**
 Date Entered: By:

File No. **WH-003-D1** 11. County: **WH** Basin: **WHITEWOMAN CREEK** Stream: _____ Formation Code: **211** Special Use: _____

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm/cfs af/mgy gpm/cfs af/mgy Overlap PD Files

CHK	MOD	DEL	ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm/cfs	Quantity af/mgy	Rate gpm/cfs	Quantity af/mgy	Overlap PD Files
CHK																	

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

CHK	MOD	DEL	ENT	PUSE	S	T	R	ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files
									NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼				
MOD	1663				27	18S	35W	1	35	5	30	40							40	40	40	40	270	8c	N	MULTIPLE		
ENT	22155				35	18S	35W	3	32	32	32	32	33	33	33	33	40	40	40	40			420	8b	N	MULTIPLE		

Base Acres: _____ Year: _____ Minimum Reasonable Quantity: _____
 Comments: **COMBINING PUSE ID#s 22155 & 25596 INTO ONE AND MODIFYING THE ACRES (KEEPING PUSE ID 22155); OVERLAPING PU FOR FILE NOS. WH-003-D1; WH 003-D2; 7190-D2 & 7190-D3**

Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

October 7, 2020

THOMAS A RIDDER
411 E COUNTY ROAD U
LEOTI, KS 67861-6104

RE: Vested Right, File Nos. WH-003-D1, WH-003-D2 and
Water Right, File Nos. 7190-D2, 7190-D3

Dear Sir or Madam:

Enclosed is the order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file numbers.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this approval for change. A condition of this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number and meet current specifications. Please return the required notification of completion of the diversion works and/or installation of the required meter as soon as these actions are completed.

Since the order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

A handwritten signature in blue ink that reads "Austin J. McColloch".

Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

pc: Fairchild Farms KS LLC
Paula Smith
GROUNDWATER MANAGEMENT DISTRICT NO. **1**

CERTIFICATE OF SERVICE

On this 7th day of October, 2020, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Vested Right, File Nos. WH-003-D1, WH-003-D2 and Water Right, File Nos. 7,190-D2, 7,190-D3 dated 7th day of October, 2020 was mailed postage prepaid, first class, US mail to the following:

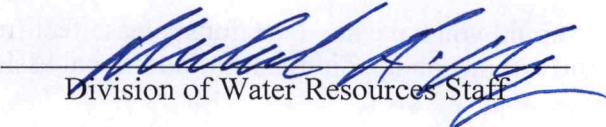
THOMAS A RIDDER
411 E COUNTY ROAD U
LEOTI, KS 67861-6104

Pc:

PAULA K SMITH
40084 VIA MARISA
MURRIETA, CA 92562

FAIRCHILD FARMS KS LLC
10625 W FARM ROAD 188
REPBULIC, MO 65738

GROUNDWATER MANAGEMENT DISTRICT NO. **1**


Division of Water Resources Staff

Submit completed application to:
 Kansas Department of Agriculture
 Division of Water Resources
 Field Office for your area.

Call for address:

Topeka -- (785) 296-5733
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
<http://agriculture.ks.gov/dwr>

DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION



STATE OF KANSAS

Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.
 Fee Schedule is on the third page of this application form.

Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions. If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

File No. WH 003 D1 _____

RECEIVED
 10:00AM
OCT 05 2020

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use Point of Diversion

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is: Groundwater Surface water

**Garden City Field Office
 DIVISION OF WATER RESOURCES**

2. Name and address of Applicant: TOM RIDDER

411 E COUNTY ROAD U, LEOTI KS 67861

Phone Number: (620) 874-0447 Email address: _____

Name and address of Water Use Correspondent: _____

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: PAULA K SMITH

ADDRESS: 40084 Via Marisa, Murrieta, CA 92562

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES				
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼					
27	18	35W																	40	40	40	40	160

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land ---- NAME: FAIRCHILD FARMS LLC

ADDRESS: 10625 W Farm Rd 188 Republic MO 65738

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES				
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼					
35	18	35W	32	32	32	32	33	33	33	33	40	40	40	40									420

For Office Use Only: Code _____ Fee \$ <u>200.00</u> TR # _____ Receipt Date <u>10-5-20</u> Check # <u>6531</u>
--

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

7. The changes herein are desired for the following reasons?
 (please be specific) Overlap WH3 D1 & D2, 7190 D2 & D3 and
to cover south half of pivot for section 35 by removing corners

8. If a well, is the test hole log attached? Yes No

9. The change(s) (was)(will be) completed by?

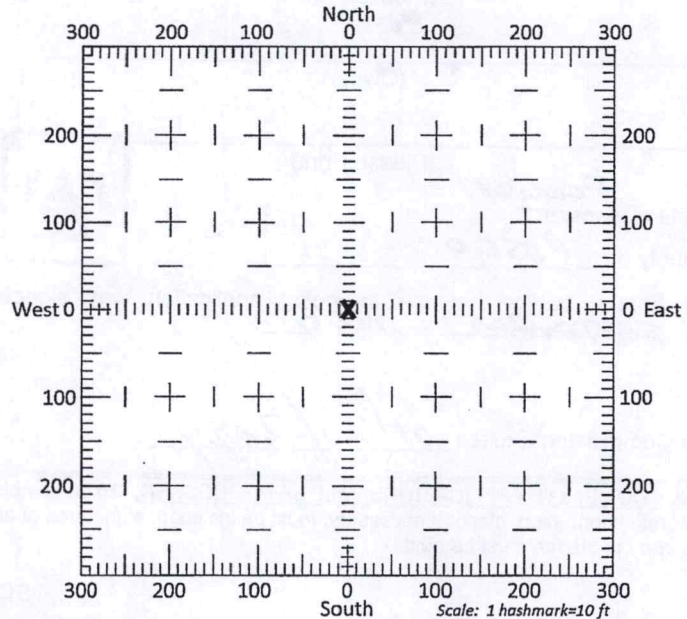
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by AT/GCFO _____

13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines



13b. If the proposed point of diversion will be relocated within 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. WH 3 D1
MAKE ADDITIONAL COPIES AS NECESSARY

3. *Continued:* The presently authorized place of use is:

Owner of Land --- NAME: _____
ADDRESS: _____

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

Owner of Land --- NAME: _____
ADDRESS: _____

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

Owner of Land --- NAME: _____
ADDRESS: _____

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

4. *Continued:* If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land --- NAME: PAULA K SMITH
ADDRESS: 40084 Via Marisa, Murrieta, CA 92562

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
27	18	35W	35	5	30	40													270

Owner of Land --- NAME: _____
ADDRESS: _____

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

Owner of Land --- NAME: _____
ADDRESS: _____

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:
- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
 - (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
 - (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at TRINITY, ^{Florida} Kansas, this 29 day of SEPTEMBER, 2020.

Paula Smith by Brenda Kuhlman POA _____
 (Owner) (Spouse)

Paula Smith by Brenda Kuhlman _____
 (Please Print) (Please Print)

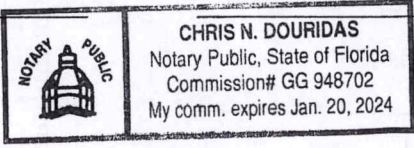
 (Owner) (Spouse)

 (Please Print) (Please Print)

 (Owner) (Spouse)

 (Please Print) (Please Print)

State of ^{Florida} ~~Kansas~~ } SS
 County of PASCO



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 29 day of SEPTEMBER, 2020.

 Notary Public

My Commission Expires 01/20/2024.

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

FEE SCHEDULE

- Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**
- (1) Application to change a point of diversion 300 feet or less \$100
 - (2) Application to change a point of diversion more than 300 feet \$200
 - (3) Application to change the place of use \$200

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:

- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
- (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
- (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at Republic, Missouri, Kansas, this _____ day of _____, 20_____.

Jackie Fairchild-manager
(Owner)

(Spouse)

Jackie Fairchild-manager
(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

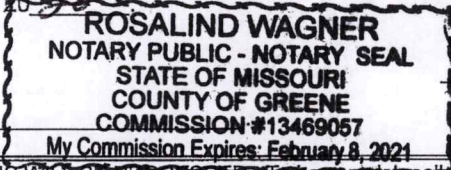
(Spouse)

(Please Print)

(Please Print)

Missouri
State of Kansas }
County of Greene } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 29th day of September, 2020.



Rosalind Wagner
Notary Public

My Commission Expires _____

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

FEE SCHEDULE

Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (1) Application to change a point of diversion 300 feet or less \$100
- (2) Application to change a point of diversion more than 300 feet \$200
- (3) Application to change the place of use \$200

SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-5-1, *et seq.* and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq.*, and rules and regulations promulgated thereunder. With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. WH 3 D1.

1. A change application was received on October 5, 2020 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a foot radius of the authorized point(s) of diversion. Applicable Not Applicable
4. The point(s) of diversion described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application. Applicable Not Applicable
5. The point(s) of diversion authorized herein shall not actually be located more than feet from the previously authorized point(s) of diversion. Applicable Not Applicable
6. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
7. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2020**, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Not Applicable
8. **Installation of the works for diversion of water shall be completed on or before December 31, 20**, or within any authorized extension of time. By March 1, 20 the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable Not Applicable
9. **The completed well log shall be submitted with the required notice.** Applicable Not Applicable
10. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
11. Additional Conditions are attached. Yes No
12. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

Administrative Appeal and Effective Date of Order

If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within **15 days** of service of this Order and a request for administrative review by the Secretary must be filed within **30 days** pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with **Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502**. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

For Use by Register of Deeds

FOR OFFICE USE ONLY
**APPLICATION APPROVED AND
SUMMARY ORDER ISSUED**

By: Austin McColloch
Duly Authorized Designee of the Chief Engineer

(Print Name): Austin McColloch
Division of Water Resources - Kansas Department of Agriculture

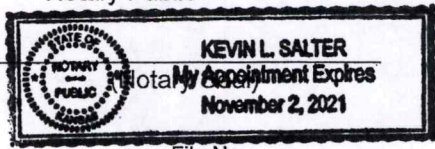
Date of Issuance: October 7, 2020

State of Kansas)
County of FENNELLY) SS

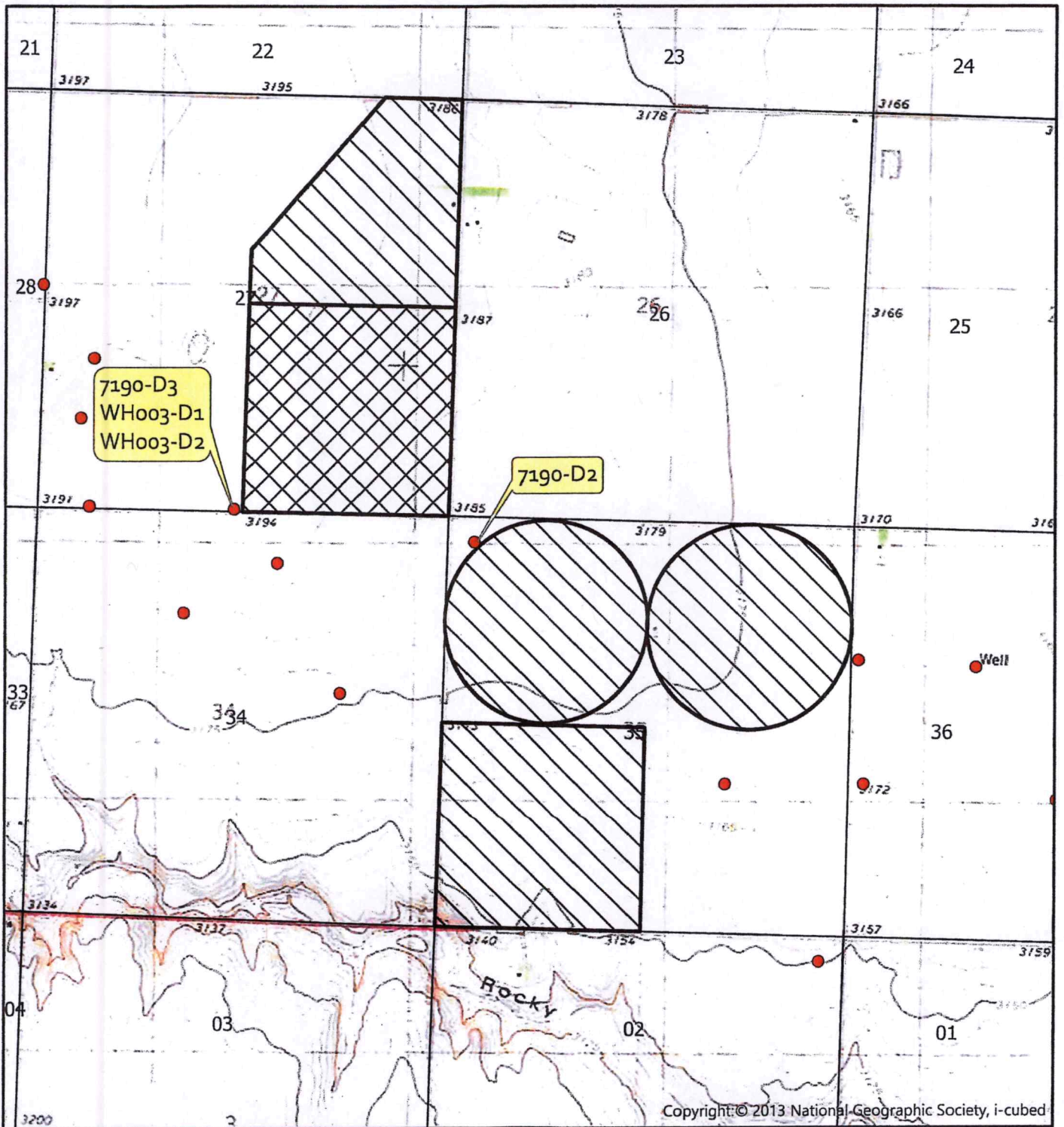
Acknowledged before me on 7 October 2020
by AUSTIN MCCOLLOCH

Signature: [Signature]
Notary Public

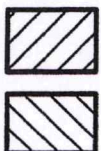
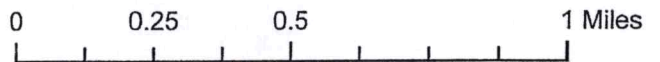
My commission expires: November 2, 2021



CHANGE IN PLACE OF USE FILE NO. WH003-D1



Township 18 South Range 35 West
Wichita County



AUTHORIZED PLACE OF USE

PROPOSED PLACE OF USE

POINT OF DIVERSION



Created By: AM/GCFO

**UNIFORM STATUTORY FORM POWER OF ATTORNEY
(California Probate Code Section 4401)**

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER THE PROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, PAULA K. SMITH a/k/a PAULA Kathleen, SMITH, now of 40084 Via Marisa, Murrieta, CA 92562, telephone number 620-214-1817, revoking any appointments I previously may have made, appoint my daughter, TERRY L. SMITH 4312 246TH Place SE, Issaquah, WA 98029; 425-777-1055, my daughter, BRENDA L. KUHLMANN, 6329 Cardinal Crest Dr., New Port Richey, FL 34655; 727-810-2275 and my son, TODD W. SMITH, 2005 Ridgeview Road, Salina, KS 67401; 316-350-5865, as my agents (attorneys-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- (A) Real property transactions.
- (B) Tangible personal property transactions.
- (C) Stock and bond transactions.
- (D) Commodity and option transactions.
- (E) Banking and other financial institution transactions.
- (F) Business operating transactions.
- (G) Insurance and annuity transactions.
- (H) Estate, trust, and other beneficiary transactions.
- (I) Claims and litigation.
- (J) Personal and family maintenance.
- (K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service.
- (L) Retirement plan transactions.
- (M) Tax matters.
- (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

This Power shall become immediately effective, as to my agents. See also Exhibit A, attached for Digital Asset powers.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

If this Power of Attorney is made immediate, the Power of Attorney will not be affected by my incapacity.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED:

I have designated more than one agent, and each may ^{act}~~shall~~ act singly and separately.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY," THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

Signed this 25th day of January, 2020.

Paula K. Smith
PAULA K. SMITH

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

I ACCEPT THE FOREGOING APPOINTMENT.

Dated: January 25, 2020

Terry L. Smith
Terry L. Smith

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OCT 05 2020

Garden City Field Office
DIVISION OF WATER RESOURCES

Exhibit A

Digital Assets Powers. My Agent under a Power of Attorney shall have the power to access, handle, distribute and dispose of all of my digital assets. In that regard, I hereby incorporate the provisions of the Revised Uniform Fiduciary Access to Digital Assets (2015) (Revised Uniform Act), as it may be amended from time to time, not to be limited by the provisions of the California Uniform Fiduciary Access to Digital Assets Act of 2016, as it may be amended from time to time.

Digital Assets Defined. Without limiting the powers set forth in the Revised Uniform Act, "Digital assets" includes files stored on my digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops. The term "digital assets" also includes but is not limited to emails received, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial and securities accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts and similar digital items which currently exist or may exist as technology develops or such comparable items as technology develops, regardless of the ownership of the physical device upon which the digital item is stored.

Power to Engage Agent for technical Assistance. I further authorize my Agent to engage any technical person to assist in accessing, handling, distributing and disposing of my digital assets.

