

RECEIVED

AUG 27 2021

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

IDWR / NORTH 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. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #7 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
95-12494	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Eleanor Riddlehuber
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Mark Riddlehuber and Kimberly R. Gaillardetz
New owner(s) as listed on the conveyance document Name connector ☒ and ☐ or
- 5804 Longhorn Landing Austin Tx 78734
Mailing address City State Zip
- 512 497-6077 m.riddlehuber@gmail.com
Telephone Email
- OR 512 585 8191
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: May 24, 2021
6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
☐ If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.
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.
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Kimberly R. Gaillardetz 8/21/2021
Signature of new owner/claimant Title, if applicable Date

Kimberly R. Gaillardetz
Print name

Signature: Mark F. Riddlehuber 8/21/2021
Signature of new owner/claimant Title, if applicable Date

Mark F. Riddlehuber
Print name

For IDWR Office Use Only:

Received by NS Date 8-27-21 Receipt No. ND 3037314 Receipt Amt. \$2500

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐

Name on W-9 _____ Approved by _____ Processed by NS Date 8-27-21

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Dec 18 2020

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-20-231325

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 191.001)

VS-112 REV 1/2006

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
ELEANOR K. RIDLEHUBER				DECEMBER 12, 2020	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)		
FEMALE	MAY 16, 1925	95	MORGANZA, LA		
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
		☐ Married ☐ Divorced (but not remarried) ☒ Widowed (but not remarried) ☐ Never Married ☐ Unknown			
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
110-2 RIVALTO CIRCLE				LAKEWAY	
11a. COUNTY		11b. STATE		11c. ZIP CODE	11d. WIDE CITY LIMITS?
TRAVIS		TEXAS		78734	☒ Yes ☐ No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE		
FREDERICK STEPHEN KORNBACHER			CORA PORCHE		
13. PLACE OF DEATH (CHECK ONLY ONE)					
☐ IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		16. FACILITY NAME (If not institution, give street address)	
TRAVIS		LAKEWAY, 78734		110-2 RIVALTO CIRCLE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
CHARLES RIDLEHUBER - SON			9907 TRAILS END RD. # 6, LEANDER, TX 78841		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. ☒ Unknown	
☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)		PAUL J. WILLIAMSON, BY ELECTRONIC SIGNATURE - 8933		Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
FRONTIER CREMATORY			AUSTIN, TX		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
HARRELL FUNERAL HOME, LTD			4435 FRONTIER TRAIL, AUSTIN, TX 78745		
26. CERTIFIER (Check only one)					
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Medical Examiner/Judge of the Peace - 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.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
NHUE HO, BY ELECTRONIC SIGNATURE		DECEMBER 18, 2020	L7755	04:30 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
NHUE HO 22 SNOW POND PL., THE WOODLANDS, TX 77382				MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - 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 EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		a. CARDIOPULMONARY ARREST-			
		Due to (or as a consequence of):			
		b. _____			
		Due to (or as a consequence of):			
		c. _____			
		Due to (or as a consequence of):			
		d. _____			
		Due to (or as a consequence of):			
34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		☐ Yes ☒ No ☐ Previously ☐ Probably ☐ Unknown		☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year.	
39. IF TRANSPORTATION INJURY, SPECIFY:					
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
		☐ Yes ☐ No			
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR			
		Tara Das			

EDR NUMBER 00004444697491

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

Dec 31 2020

ISSUED

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

TARA DAS
STATE REGISTRAR

MIC



RECORDING FEE: \$15.00

DD



SPECIAL WARRANTY DEED

* 5804 Longhorn Landing
Austin, TX 78734

For good and valuable consideration, the receipt of which is hereby acknowledged, Charles Ridlehuber, Jr., as Trustee of the Charles H. Ridlehuber and Eleanor K. Ridlehuber Inter-Vivos (Living) Trust Dated May 27, 1993, ("Grantor"), conveys and specially warrants to Kimberly R. Gaillardetz and Mark F. Ridlehuber, beneficiaries of said Trust, and ("Grantees"), an equal one half (1/2) interest as tenants in common of the following described real property:

Lot 8, Lakeshore Addition to Sunnyside, according to the plat thereof, as recorded in Book C of plats on page 64, being more definitely located in Lot One (1) Section Thirty-Three (33), Twp. Fifty (50) North, Range 3 W.B.M., Kootenai County, Idaho.

This conveyance shall include any and all estate, right, title, interest, appurtenances, tenements, hereditaments, reversions, remainders, easements, rents, issues, profits, rights-of-way and water rights in anywise appertaining to the property herein described as well in law as in equity.

The Grantor covenants to the Grantees that he is the duly authorized Trustee of the above named Trust which is owner in fee simple of said property; that the property is free from encumbrances created or suffered by the Grantor, excepting those as may be herein set forth, and excepting those of record, and that Grantor will warrant and defend the same from all lawful claims of or through Grantor, but none other.

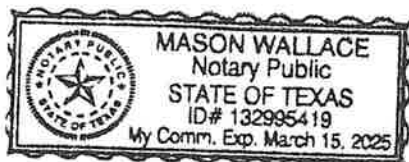
IN WITNESS WHEREOF, the Grantor has executed this instrument on this 24 day of May, 2021.

Charles Ridlehuber, Jr.
Charles Ridlehuber, Jr., as Trustee of the Charles H. Ridlehuber and Eleanor K. Ridlehuber Inter-Vivos (Living) Trust, Dated May 27, 1993, Grantor

STATE OF Texas)
 : ss
COUNTY OF Williamson)

On this 24 day of May, 2021, before me, the undersigned notary public in and for said state, personally appeared Charles Ridlehuber, Jr., known or identified to me to be the person whose name is subscribed to the within instrument, as Trustee of the Charles H. Ridlehuber and Eleanor K. Ridlehuber Inter-Vivos (Living) Trust Dated May 27, 1993, Grantor, and acknowledged to me that he executed the same as such Trustee.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



[Signature]
NOTARY PUBLIC

Residing at: Cedar Park
My Commission Expires: 03/15/2025



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

August 27, 2021

MARK F RIDLEHUBER
KIMBERLY R GAILLARDETZ
5804 LONGHORN LANDINGS
AUSTIN TX 78734

Re: Change in Ownership for Water Right No(s): 95-12494

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 762-2813.

Sincerely,


Natalie Steading
Tech Records Specialist 1

Enclosure(s)