

NOV 28 2025

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

DEPT. OF WATER RESOURCES
EASTERN REGION

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. *OK NO WD*

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
24-7180 <i>OK</i>	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: Richard and Ramona Lagomarsino
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Richard Jr and Linda Lagomarsino, Matt L., Michael L., Christina Sylvester, Lori Drysdale
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 4714 TENBURY LN ROCKLIN CA 95677
Mailing address City State Zip
- 916-947-4141 RICKLAGOMARSINO@YAHOO.COM
Telephone Email

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: 06/18/2016
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: *Richard A. Lagomarsino Jr.* 11/22/2025
Signature of new owner/claimant Title, if applicable Date

RICHARD A LAGOMARSINO JR
Print name

Signature:
Signature of new owner/claimant Title, if applicable Date

Print name

Received by *M. Jettis* Date 11-28-25 For IDWR Office Use Only: Receipt No. E051299 Receipt Amt. 25.00

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 *JB* Processed by *mp* Date 12/17/2025

Symptoms of COVID-19

People with these symptoms may have COVID-19. This list does not include all possible symptoms.

- Fever (temperature of 100.4°F or higher) or chills
- Cough
- Shortness of breath or **difficulty breathing**. Seek care right away if you have difficulty breathing.
- Fatigue (feeling tired and weak)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Who is at risk for severe illness from COVID-19?

Severe illness from COVID-19 means you may need to stay in the hospital, get intensive care, or use a ventilator to breathe. You may also be at risk of dying.

Older adults

As you get older, your risk for severe illness from COVID-19 increases. For example, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness is among those aged 85 or older.

People of any age with the following conditions are at increased risk for severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus
- Pregnancy
- Smoking

People with the following conditions might be at an increased risk for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease might be at higher risk for severe illness from COVID-19 than other children.

RECORDING REQUESTED BY:

The Shafer Law Group
210 Magnolia Avenue
Auburn, CA 95603

WHEN RECORDED, RETURN TO:

The Shafer Law Group
210 Magnolia Avenue
Auburn, CA 95603

MAIL TAX STATEMENTS TO:

Rick Lagomarsino
4714 Tenbury Lane
Rocklin, CA 95677

987186

6/20/2016 4:25 PM

LINCOLN COUNTY FEES: \$15.00 PAGE 1 OF 2

BOOK: 875 PAGE: 729 DEED, QCD

JEANNE WAGNER, LINCOLN COUNTY CLERK



Recorder's use only

QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S): DOCUMENTARY TRANSFER TAX IS \$ 0**

Parcel Nos. 12-3119-18-2-00-011.00

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, RICHARD A. LAGOMARSINO, TRUSTEE OF THE RICHARD A. LAGOMARSINO FAMILY TRUST DATED JULY 7, 1982 SURVIVOR'S TRUST hereby GRANT(S) a **30% interest** to RICHARD A. LAGOMARSINO, JR. and LINDA L. LAGOMARSINO, Trustees, or their successors in interest, of the Lagomarsino Family Trust dated December 11, 1991, and any amendments thereto, a **20% interest** to Christina Sylvester, a **20% interest** to Lori Drysdale, a **10% interest** to Matthew Lagomarsino and a **20% interest** to Michael Lagomarsino in the **undivided one-half (1/2) interest** in and to **any and all right title and interest** in and to the following described real property in the County of Lincoln, State of Wyoming

TOWNSHIP 31 NORTH, RANGE 119 WEST, 6TH P.M., LINCOLN COUNTY, WYOMING

SECTION 19: LOTS 5 AND 6; SW^{1/4}NE^{1/4}; W^{1/2}SE^{1/4}

AKA: Crow Creek Ranch, Fairview, WY 83119

Dated: 6/8/16

CO TRUSTEE
RICHARD A. LAGOMARSINO, JR.
CO TRUSTEE

Mail Tax Statements to: Same as Above

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

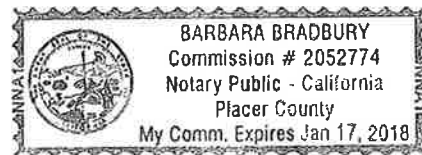
State of California)

County of Placer)

On June 8, 2016 before me, Barbara Bradbury, a Notary Public, personally appeared RICHARD A. LAGOMARSINO, JR., who proved to me on the basis of satisfactory evidence to be the person whose name IS subscribed to the within instrument and acknowledged to me that he executed the same in HIS authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Barbara Bradbury

(Seal)

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The Shafer Law Group
210 Magnolia Avenue
Auburn, CA 95603

WHEN RECORDED, RETURN TO:

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987185

6/20/2016 4:11 PM

LINCOLN COUNTY FEES: \$15.00 PAGE 1 OF 2

BOOK: 875 PAGE: 727 DEED, QCD

JEANNE WAGNER, LINCOLN COUNTY CLERK



Recorder's use only

QUITCLAIM DEED

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Parcel Nos. 12-3119-18-2-00-011.00

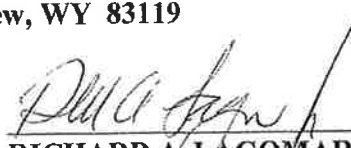
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, RICHARD A. LAGOMARSINO, TRUSTEE OF THE RICHARD A. LAGOMARSINO FAMILY TRUST DATED JULY 7, 1982 BYPASS TRUST hereby GRANT(S) **a 30% interest** to RICHARD A. LAGOMARSINO, JR. and LINDA L. LAGOMARSINO, Trustees, or their successors in interest, of the Lagomarsino Family Trust dated December 11, 1991, and any amendments thereto, **a 20% interest** to Christina Sylvester, **a 20% interest** to Lori Drysdale, **a 10% interest** to Matthew Lagomarsino and **a 20% interest** to Michael Lagomarsino in **the undivided one-half (1/2) interest** in and to **any and all right title and interest** in and to the following described real property in the County of Lincoln, State of Wyoming

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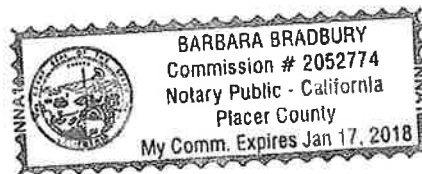
State of California)

County of Placer)

On June 8, 2016 before me, Barbara Bradbury, a Notary Public, personally appeared RICHARD A. LAGOMARSINO, JR., who proved to me on the basis of satisfactory evidence to be the person whose name IS subscribed to the within instrument and acknowledged to me that he executed the same in HIS authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Barbara Bradbury

(Seal)

**THE FIRST AMENDMENT TO THE SECOND AMENDMENT AND RESTATEMENT
IN ENTIRETY OF
THE RICHARD A. LAGOMARSINO FAMILY TRUST DATED JULY 7, 1982**

WHEREAS, RICHARD A. LAGOMARSINO and RAMONA LAGOMARSINO, as Settlers (Trustors, Grantors) and RICHARD A. LAGOMARSINO, Trustee entered into a Trust Agreement dated July 7, 1982;

WHEREAS Article III, paragraph 3.2 of said Trust Agreement reserves in the surviving settlor the power to amend, revoke or terminate the Survivor's Trust. Further, Article VI, paragraph 6.3 of said Trust Agreement, grants the surviving settlor a limited power of appointment over the Bypass Trust assets;

WHEREAS, settlor, RICHARD A. LAGOMARSINO, now wishes to exercise his right of amendment and does hereby amend same, all in accordance with the powers retained by him in THE RICHARD A. LAGOMARSINO FAMILY TRUST DATED JULY 7, 1982;

THEREFORE, Settlor RICHARD A. LAGOMARSINO amends THE RICHARD A. LAGOMARSINO FAMILY TRUST DATED JULY 7, 1982 as follows:

Accordingly, the surviving settlor, RICHARD A. LAGOMARSINO, hereby amends the distribution of Article Six, Paragraph 6.3(a) and following concerning the Survivor's Trust assets and exercises his limited power of appointment over the Bypass Trust assets, including all assets which may be added to the trust estates subsequent to the execution of this Amendment and Power of Appointment, to be distributed as follows:

"6.3(a) If any of RICHARD A. LAGOMARSINO, JR., MICHAEL LAGOMARSINO, AARON LAGOMARSINO, JEFFREY LAGOMARSINO, KELLY LAGOMARSINO, JOSHUA BERGER, or NATHAN LAGOMARSINO, owe either or both settlers whether

individually or as a loan from this trust or any subtrust under this trust, any money, said loan shall be forgiven and not collected by the trustee. If any of RICHARD A. LAGOMARSINO, MICHAEL LAGOMARSINO, AARON LAGOMARSINO, JEFFREY LAGOMARSINO, KELLY LAGOMARSINO, JOSHUA BERGER, or NATHAN LAGOMARSINO, owe money to the Ramona Lagomarsino Limited Family Partnership, the trustee shall pay to the Ramona Lagomarsino Limited Family Partnership, any unpaid balance of those loans and the trustee shall not collect from those named individuals owing the Ramona Lagomarsino Limited Family Partnership.

(b) The trustee shall divide the trust estate into five (5) equal shares which shall be distributed or retained as follows:

(i) One share equaling twenty percent (20%) of the assets of the trust to CHRISTINA LYNN SYLVESTER, free of trust, if she survives the death of the surviving settlor. If she does not survive the death of the surviving settlor, her share is to be divided among her then living issue by right of representation.

(ii) One share equaling twenty percent (20%) of the assets of the trust to RICHARD A. LAGOMARSINO, JR., free of trust, if he survives the death of the surviving settlor. If he does not survive the death of the surviving settlor, his share is to be divided among his then living issue by right of representation.

(iii) One share equaling twenty percent (20%) of the assets of the trust to LORI CATHERINE LAGOMARSINO, free of trust, if she survives the death of the surviving settlor. If she does not survive the death of the surviving settlor, her share is to be divided among her then living issue by right of representation.

(iv) One share equaling twenty percent (20%) of the assets of the trust to MATTHEW JOSEPH LAGOMARSINO, free of trust, if he survives the death of the surviving settlor. If he does not survive the death of the surviving settlor, his share is to be divided among his then living issue by right of representation.

(v) One share equaling twenty percent (20%) of the assets of the trust to MICHAEL PURCELL LAGOMARSINO, free of trust, if he survives the death of the surviving settlor. If he does not survive the death of the

surviving settlor, his share is to be divided among his then living issue by right of representation.

(c) In the event any of the children named in Subparagraphs (i) through (v), above, should fail to survive the surviving settlor and leave no issue who survive the surviving settlor, the share that would have gone to that deceased child or issue shall be distributed, free of trust, to settlor's then living issue by right of representation.

(d) If an individual issue of a then-deceased child has reached the age of 25 years at the death of the surviving settlor, the trustee shall distribute that issue's share outright to that issue; if an individual issue of a then-deceased child has not reached the age of 25 years at the death of the surviving settlor, the trustee shall continue to hold, administer, and distribute that issue's share in a separate trust for that issue according to the terms set forth in Article Six applicable to the Separate Share Trust for Issue.

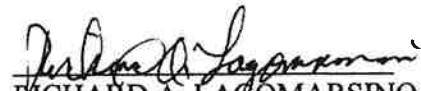
(e) If no child of the settlors survives the surviving settlor, but the settlors leave issue surviving, the trustee shall distribute the trust property to those issue, who are to take that property in the manner provided in California Probate Code Section 240. However, if an individual issue has not reached the age of 25 years at the death of the surviving settlor, the trustee shall continue to hold, administer, and distribute that issue's share in a separate trust for that issue according to the terms set forth in Article Six applicable to the Separate Share Trust for Issue.

(f) If none of settlors' issue survive the surviving settlor, the trustee shall distribute the undisposed-of portion outright as follows: one half (1/2) to the heirs of the deceased settlor and one half (1/2) to the heirs of the surviving settlor."

2. All other provisions of THE RICHARD A. LAGOMARSINO FAMILY TRUST DATED JULY 7, 1982, shall remain in full force and effect.

Executed on 8/22/11, at Ventura, California.

TRUSTOR - TRUSTEE


RICHARD A. LAGOMARSINO

ACKNOWLEDGMENT

State of California)
) ss
County of Ventura)

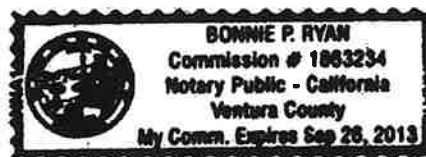
On August 22, 2011 before me, Bonnie P. Ryan, a notary public in and for the State of California, personally appeared RICHARD A. LAGOMARSINO, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Bonnie P. Ryan



(SEAL)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of Ventura
VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

3201156003259

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST, MIDDLE, LAST RICHARD		2. MIDDLE ALBERT	
3. LAST (Family) LAGOMARSINO SR		4. DATE OF BIRTH month/day/year 10/30/1931	
5. AGE Yrs. 79		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. DATE OF DEATH month/day/year 09/02/2011	
9. HOURS 24 hour 2205		10. MARITAL STATUS at time of death WIDOWED	
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO		12. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) WHITE	
13. EDUCATION - Highest Level Completed ASSOCIATE		14. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FARMER	
15. YEARS IN OCCUPATION 40		16. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE	
17. USUAL OCCURRENCE - Type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION 40	
19. DECEDENT'S RESIDENCE (Street and number, or location) 7625 FOOTHILL ROAD		20. CITY VENTURA	
21. COUNTY VENTURA		22. ZIP CODE 93004	
23. STATE/FOREIGN COUNTRY CA		24. YEARS IN COUNTRY 79	
25. INFORMANT'S NAME, RELATIONSHIP RICHARD LAGOMARSINO JR, SON		26. ADDRESS (Street and number, or location) 4714 TENBURY LANE, ROCKLIN, CA 95677	
27. NAME OF SURVIVING SPOUSE/NEAREST RELATIVE EMILIO		28. MIDDLE JOSEPH	
29. LAST (Family) LAGOMARSINO		30. BIRTH STATE CA	
31. NAME OF NEXT OF KIN MARJORIE		32. MIDDLE EMELINE	
33. LAST (Family) GATES		34. BIRTH STATE CA	
35. DEPOSITION DATE 09/09/2011		36. PLACE OF FINAL DEPOSITION RESIDENCE: RICHARD LAGOMARSINO 7625 FOOTHILL ROAD, VENTURA, CA 93004	
37. TYPE OF DEPOSITION CR/RES		38. SIGNATURE OF EMPLOYER NOT EMPLOYED	
39. NAME OF FUNERAL ESTABLISHMENT JOSEPH P. REARDON FUNERAL CHAPEL		40. LICENSE NUMBER FD883	
41. SIGNATURE OF LOCAL REGISTRAR ROBERT M LEVIN, MD		42. DATE 08/06/2011	
43. PLACE OF DEATH RESIDENCE		44. SIGNATURE OF LOCAL REGISTRAR ROBERT M LEVIN, MD	
45. COUNTY VENTURA		46. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 7625 FOOTHILL ROAD	
47. CITY VENTURA		48. ZIP CODE 93004	
49. CAUSE OF DEATH Bladder Cancer		50. DATE OF DEATH 09/02/2011	
51. IMMEDIATE CAUSE (Final disease or condition resulting in death) Bladder Cancer		52. DATE OF DEATH 09/02/2011	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (e.g., see instructions on back) NONE		54. DATE OF DEATH 09/02/2011	
55. TIME OF DEATH (If known, specify time) NONE		56. DATE OF DEATH 09/02/2011	
57. SIGNATURE OF DEATH CERTIFIER LANYARD KIRBY DIAL M.D.		58. DATE 09/06/2011	
59. TYPE OF DEATH Natural		60. DATE 09/06/2011	
61. PLACE OF DEATH (e.g., home, construction site, wooded area, etc.) Home		62. DATE 09/06/2011	
63. LOCATION OF INJURY (Street and number, or location, city, and state) 7625 FOOTHILL ROAD, VENTURA, CA 93004		64. DATE 09/06/2011	
65. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		66. DATE 09/06/2011	
67. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		68. DATE 09/06/2011	
69. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		70. DATE 09/06/2011	
71. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		72. DATE 09/06/2011	
73. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		74. DATE 09/06/2011	
75. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		76. DATE 09/06/2011	
77. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		78. DATE 09/06/2011	
79. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		80. DATE 09/06/2011	
81. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		82. DATE 09/06/2011	
83. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		84. DATE 09/06/2011	
85. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		86. DATE 09/06/2011	
87. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		88. DATE 09/06/2011	
89. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		90. DATE 09/06/2011	
91. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		92. DATE 09/06/2011	
93. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		94. DATE 09/06/2011	
95. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		96. DATE 09/06/2011	
97. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		98. DATE 09/06/2011	
99. SIGNATURE OF CORONER / DEPUTY CORONER LANYARD KIRBY DIAL M.D.		100. DATE 09/06/2011	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

DATE ISSUED 09 / 08 / 2011 Robert M. Levin, M.D.

HEALTH OFFICER
VENTURA COUNTY, CALIFORNIAThis copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
PRNCO (Rev) 6/01

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of Ventura

VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

3201056003023

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES / AMENDMENTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (BIRTH NAME)	
RAMONA		JO		LAGOMARSINO	
AKA, ALSO KNOWN AS - Indicate full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
		06/22/1932		78	
6. BIRTH STATE/FOREIGN COUNTRY		7. MARITAL STATUS (GPO) (at time of death)		8. DATE OF DEATH mm/dd/yyyy	
CO		MARRIED		08/21/2010	
9. EDUCATION - Highest Level (Degree) (see worksheet on back)		10. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		11. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE		☒ YES		WHITE	
12. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		13. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		14. YEARS IN OCCUPATION	
HOMEMAKER		OWN HOME		59	
15. DECEDENT'S RESIDENCE (Street and number, or location)					
7625 FOOTHILL ROAD					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
VENTURA		VENTURA		93004	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
68		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
RICHARD LAGOMARSINO, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state and zip)					
7625 FOOTHILL ROAD, VENTURA, CA 93004					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
RICHARD		ALBERT		LAGOMARSINO	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
DOSS		MILFORD		PURCELL	
34. NAME OF MOTHER/PARENT - FIRST		35. MIDDLE		36. LAST (BIRTH NAME)	
ESTHER		CORA		KUESEY	
37. BIRTH STATE		38. BIRTH STATE			
CO		CO			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
08/25/2010		IVY LAWN MEMORIAL PARK			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER			
CR/BU		NOT EMBALMED			
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR	
TED MAYR FUNERAL HOME		FD-667		ROBERT M LEVIN, MD	
46. DATE mm/dd/yyyy		47. DATE mm/dd/yyyy			
		08/24/2010			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE		☐ IP ☐ ERW ☐ DCA		☐ Hospice ☐ Nursing Home ☒ Decedent's Home ☐ Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
VENTURA		7625 FOOTHILL ROAD		VENTURA	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIRTH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		☐ YES ☒ NO		☐ YES ☒ NO	
IMMEDIATE CAUSE OF DEATH (a) PERITONEAL CARCINOMATOSIS		2 YRS			
Sequitally, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		110. BIRTH REPORTED TO CORONER?		111. AUTOPSY PERFORMED?	
		☐ YES ☒ NO		☐ YES ☒ NO	
		112. USED IN DETERMINING CAUSE?			
		☐ YES ☐ NO			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, HYPERTENSION					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
NO					
115. SIGNATURE AND TITLE OF CERTIFIER					
LANYARD KIRBY DIAL M.D.					
116. LICENSE NUMBER		117. DATE mm/dd/yyyy			
G48637		08/23/2010			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
LANYARD KIRBY DIAL M.D.					
119. TYPE OF DEATH					
Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined ☐ YES ☐ NO ☐ UNK					
120. INJURED AT WORK?					
☐ YES ☐ NO ☐ UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE mm/dd/yyyy					
128. TYPE NAME TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF VENTURA

SS. DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file with the VENTURA COUNTY CLERK AND RECORDER.

This copy not valid unless prepared on engraved border displaying the date, seal and signature of County Clerk and Recorder

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



* 000725163 *

Mark A. Lunn
MARK A. LUNN
COUNTY CLERK AND RECORDER



THE RICHARD A. LAGOMARSINO FAMILY TRUST DATED JULY 7, 1982

ARTICLE ONE

CREATION OF TRUST

1.1. Declaration. RICHARD A. LAGOMARSINO and RAMONA LAGOMARSINO, husband and wife, of Ventura County, California, who are herein referred to as "the settlors" and RICHARD A. LAGOMARSINO, who is herein referred to as "the trustee," depending on the context, hereby declare that they hold certain property (the "trust estate") in trust, to be held, administered, and distributed according to the terms of this instrument.

1.2. Names of Trusts. The trusts created by this instrument shall be known collectively as THE RICHARD A. LAGOMARSINO FAMILY TRUST DATED JULY 7, 1982 and each separate trust created under this instrument shall be referred to by adding the name or designation of that separate trust as it appears in the appropriate section of this instrument.

1.3. Effective Date. This declaration shall be effective immediately on execution by all the parties.

1.4. Marital Status. The settlors are married to each other.

1.5. Identification of Living Children. Settlors have five children named CHRISTINA LYNN SYLVESTER, RICHARD A. LAGOMARSINO, JR., LORI CATHERINE LAGOMARSINO, MATTHEW JOSEPH LAGOMARSINO and MICHAEL PURCELL LAGOMARSINO.

1.6. No Deceased Children. The settlors have no deceased children.

1.7. Definitions of Child, Children, and Issue. As used in this instrument, the terms "child" and "children" refer to all persons referred to in California Probate Code Section 26, as in effect at the time of execution of this instrument, and the term "issue" refers to all persons referred to in California Probate Code Section 50, as in effect at the time of execution of this instrument.

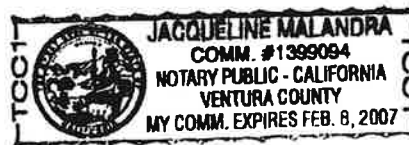
ACKNOWLEDGMENT

State of California)
) ss
County of Ventura)

On February 15, 2005, before me, Jacqueline Malandra, a notary public in and for the State of California, personally appeared RICHARD A. LAGOMARSINO and RAMONA LAGOMARSINO, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Signature Jacqueline Malandra (SEAL)



SCHEDULE OF TRUST ASSETS

1. Jewelry, dolls, household furniture and furnishings, silverware, books, paintings, pictures, works of art, clothing, bank accounts, brokerage accounts, savings bonds, stocks, automobiles, boats, firearms, stamp collection, coins, silver and all other personal effects of either of the settlors, including all policies of insurance on such property but subject to any liens or encumbrances.
2. The settlors' real property located in Butte County, Idaho.
3. The settlors' real property located in Lincoln County, Wyoming.
4. The settlors' real property located in Elko County, Nevada.
5. All bank accounts of the settlors.
6. All checking accounts of the settlors.
7. All savings accounts of the settlors.
8. All other assets of the settlors which are not prohibited by law from being owned by a trust.



IDAHO DEPARTMENT OF
WATER RESOURCES

Eastern Region • 900 N Skyline Drive, Suite A • Idaho Falls, ID 83402-1718

Phone: 208-525-7161 • Fax: 208-525-7177 • Email: easterninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

December 17, 2025

LAGOMARSINO FAMILY TRUST
4714 TENBURY LN
ROCKLIN CA 95677-4487

MICHAEL LAGOMARSINO
4714 TENBURY LN
ROCKLIN CA 95677-4487

MATTHEW LAGOMARSINO
4714 TENBURY LN
ROCKLIN CA 95677-4487

LORI DRYSDALE
4714 TENBURY LN
ROCKLIN CA 95677-4487

CHRISTINA SYLVESTER
4714 TENBURY LN
ROCKLIN CA 95677-4487

Re: Change in Ownership for Water Right No(s): 24-7180

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 208-525-7161.

Sincerely,

A handwritten signature in cursive script that reads "Misty Pettis". The signature is written in black ink and is positioned below the word "Sincerely,".

Misty Pettis
Office Specialist 2

Enclosure(s)



IDAHO DEPARTMENT OF
WATER RESOURCES

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Phone: 208-525-7161 • Fax: 208-525-7177 • Email: easterninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

December 1, 2025

RICHARD LAGOMARSINO JR
LINDA LAGOMARSINO ETAL
4714 TENBURY LN
ROCKLIN CA 95677

RE: Change in Ownership Water Right No. 24-7180

Dear Sir/Madam:

The Department of Water Resources acknowledges receipt of your Notice of Change in Water Right Ownership.

Our review of your notice indicates that additional information is required before we can process the change. The information required is indicated below:

**** **Evidence of Ownership:** On November 28, 2025, the department received a Notice of Change in Water Right Ownership along with a \$25.00 filing fee. However, the department did not receive a copy of the recorded Warranty Deed or other legal document indicating your ownership. Please supply a full copy of the recorded Warranty Deed.

Because the Department cannot process the ownership change without proper documentation/fees, we will hold any action on your notice pending receipt of the necessary information/fees. If we do not receive the necessary information/fees within 30 days we will return your notice and all attachments and your notice will not be processed.

Please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

Please feel free to contact the Department if you have any questions.

Sincerely,

Jonie Baily
Technical Records Specialist