

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

✓ **RECEIVED**

AUG 18 2025

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

DEPT. OF WATER RESOURCES
SOUTHERN 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.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
72-201D	Yes ☐	Yes ☐		Yes ☐	Yes ☐
72-202C	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: T. RANDY GILLETTE
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): BAMBI JOY GILLETTE / GILLETTE FAMILY TRUST
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 11260 BONDSHIRE DRIVE RENO NV 89511
Mailing address City State Zip
- (480) 216-6844 bamgillette@gmail.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: JUNE 3, 1999
6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
- o 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): \$50
- o \$25 per undivided water right.
- o \$100 per split water right.
- o 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.

SUPPORT DATA

IN FILE # 72-201D

8. Signature: Bambi Joy Gillette August 12, 2025
Signature of new owner/claimant Title, if applicable Date
- BAMBI JOY GILLETTE
Print name

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

Print name

For IDWR Office Use Only:

Received by Sg Date 8-18-2025 Receipt No. 5040740 Receipt Amt. \$50-

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 DM Date 10/21/2025

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

NORTHERN NEVADA PUBLIC HEALTH

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4432378

CERTIFICATE OF DEATH

2024019902
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Randolph GILLETTE		2. DATE OF DEATH (Mo/Day/Year) August 29, 2024		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown South Meadows Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
	4. SEX Male					
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
	8. DATE OF BIRTH (Mo/Day/Yr) February 25, 1940					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Bambi JOY			
	13. SOCIAL SECURITY NUMBER 530-24-2047		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Corporate Pilot		14b. KIND OF BUSINESS OR INDUSTRY Private Aircraft	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
	15d. STREET AND NUMBER 11260 Bondshire Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Morris GILLETTE		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Valentine TEGLIA			
Cremation	18a. INFORMANT- NAME (Type or Print) Bambi J GILLETTE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 11260 Bondshire Dr Reno, Nevada 89511			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAYLOR LYNNE BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD1002		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JONATHAN C THERIOT MD SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) September 04, 2024		21c. HOUR OF DEATH 07:30		22a. 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) stated. (Signature & Title)	
CERTIFIER	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)					
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jonathan C Theriot MD 1495 Mill Street Reno, NV 89502					
REGISTRAR	23b. LICENSE NUMBER DO3118					
	24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 05, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES ☒ NO ☐	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Aspiration pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) severe oropharyngeal dysphagia DUE TO, OR AS A CONSEQUENCE OF: (c) COVID-19 DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown etiology Interval between onset and death 4 Days Interval between onset and death 4 Days Interval between onset and death 4 Days Interval between onset and death					
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Undifferentiated Dementia With Behavioral Disturbances					
	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
	28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

000566292

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

9/17/2024

DEPUTY REGISTRAR

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

WHEN RECORDED RETURN TO:

JEKEL & HOWARD, L.L.P.
7285 East Stetson Drive, Suite E
Scottsdale, Arizona 85251

FOR TAX PURPOSES MAIL TO:

Mr. & Mrs. T. Randy Gillette
8890 South Grandview Drive
Tempe, Arizona 85284

0218401
Custer County Reg. ofLouis Jekel, Atty.Time 12:05 P.M.6/10/1999

Ethel M Peck, Clerk

Janet Dargis
Deputy
\$ 6.00**WARRANTY DEED TO TRUSTEE**

Effective Date: June 3, 1999	County And State Where Real Property is Located: Custer County, Idaho
GRANTOR: T. Randy Gillette and Bambi Joy Gillette,	GRANTEES: T. Randy Gillette and Bambi Joy Gillette, Trustees of the GILLETTE FAMILY TRUST u/a/d March 15, 1999

BENEFICIARIES:*

T. RANDY GILLETTE
BAMBI JOY GILLETTE
8890 South Grandview Drive
Tempe, Arizona 85284

* Required by A.R.S. § 33-401E

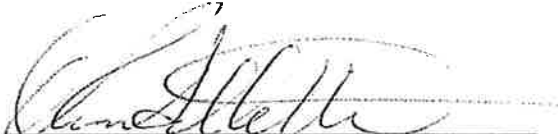
SUBJECT TRUST: GILLETTE FAMILY TRUST	Trust Date March 15, 1999
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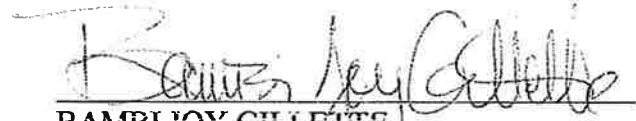
SUBJECT REAL PROPERTY:
See Legal Description

SUBJECT REAL PROPERTY LEGAL DESCRIPTION:

Lot 26, Block 1, Pine Creek subdivision, Parcel No.
RP000570010260A.

For valuable consideration, Grantors convey to Grantees, as Trustee under Subject Trust all right, title, and interest of Grantors in Subject Real Property together with all rights and privileges appurtenant to or to become appurtenant to Subject Real Property on the effective date, and warrants the title against all person whomsoever, subject to current taxes and assessments, reservations and all easements, rights of way, covenants, conditions, restrictions, liens and encumbrances of record and to the matters set forth above, for Grantees to hold, sell convey, mortgage or pledge, or otherwise handle as permitted and/or required under Subject Trust, and to do all things necessary or incidental for carrying out its purposes.


T. RANDY GILLETTE


BAMBI JOY GILLETTE

Signatures of Grantors

STATE OF ARIZONA)
) ss.
COUNTY OF Maricopa)

Acknowledged this 3rd day of June, 1999 before me a Notary Public, personally appeared **T. RANDY GILLETTE and BAMBI JOY GILLETTE**, proven to be the persons whose names are subscribed to this instrument and acknowledged that they executed the same. If this persons names are subscribed in a representative capacity, it is for the principals named and in the capacity indicated.


Notary Public

12-7-2001
My Commission Expires:





IDAHO DEPARTMENT OF
WATER RESOURCES

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, ID 83301-5858

Phone: 208-736-3033 • Fax: 208-736-3037 • Email: southerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

October 21, 2025

GILLETTE FAMILY TRUST
BAMBI JOY GILLETTE, TRUSTEE
11260 BONDSHIRE DR
RENO NV 89511-6233

Re: Change in Ownership for Water Right No(s): 72-201D and 72-202C

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) 293-9908.

Sincerely,


Denise Maline
Administrative Assistant 1

Enclosure(s)

c: Water District 72D