



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. Box 13087, Austin, Texas 78711-3087
Telephone No. (512) 239-4600 FAX (512) 239-4770

ABANDONMENT OF WATER RIGHT

Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.

Please note that this action to voluntarily abandon, and the subsequent cancellation of, your water right may not be reversed and obtaining a water right in the future will require a new application for water. New applications require application/notice fees and may or may not be granted, subject to water availability. Additionally, water rights in the State of Texas may add value to the property they are associated with and/or may have a monetary value of their own. Please consider all of this in determining whether you wish to proceed with abandoning your water right.

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose signature appears below, who being sworn by me did state that the following facts are true and correct in his/her personal knowledge:

1. My name is Letty Kincaid for Josefa Cavazos
2. My address is 2000 Spanish Oak Tr
Round Rock TX 78681
3. I owe fees or penalties to the TCEQ: ☐ Yes ☒ No

If yes, provide the amount and the nature of the fee or penalty as well as any identifying number:

4. I own the following described water right:

Permit No. _____ Certificate of Adjudication No. 0036-006

County: _____

River Basin: _____

Authorized Use: _____

Water Availability Divis

Portion to be Abandoned: _____

5. It is my intent, by signing and filing this instrument, to voluntarily and intentionally waive and relinquish the above described portion of Permit/Certificate No. _____ and to tender it to the Texas Commission on Environmental Quality for cancellation. It is also my intent to waive notice of public hearing, as well as the public hearing itself, to consider this matter at any future date.
6. I understand that the Texas Commission on Environmental Quality will cancel the above described portion of Permit/Certificate No. _____. I also understand that any outstanding indebtedness to the commission is not waived by this form.

Name (Sign)

Name (Printed)

Name (Sign)

Name (Printed)

Subscribed and sworn to as being true and correct before me this _____ day of _____, 200__.

Notary Public for the State of Texas

11/15/2023

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
RIO GRANDE WATER DIVISION - LOWER
MONTHLY REPORT STATEMENT
FOR THE PERIOD OF 10/01/2023 - 10/28/2023

10:00 AM

Adjudication Certificate: 0036-006

Class: B

Authorized Water Right: 8.6060

Owner name: JOSEFA CAVAZOS MONTEMAYOR

Storage Limit: 12.1345

Diverter name: JOSEFA CAVAZOS MONTEMAYOR

Use Type: IRR

JOSEFA CAVAZOS MONTEMAYOR
2000 SPANISH OAK TRAIL
ROUND ROCK TX 78681-1305

Previous Month Summary

UB: 0.0000 YTD: 0.0000
CB: 0.0000 YTD: 0.0000
SB: 0.0000 NC YTD: 0.0000
SOLD: 0.0000

New Balances

	Useable	Storage	Contract	AWR Ytd	NC Ytd	Sold Ytd	Contract Ytd
	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Transactions

No transactions found for this period.

Important Messages**Warning. Your account is currently inactive and cannot divert water.****Falcon and Amistad Reservoir Information**

In Falcon and Amistad Reservoirs (21.04%)
Dead Storage
Reserved for Municipal / Domestic / Industrial
Reserved for Lower Rio Grande
Allocation for Lower Rio Grande
Reserved for Middle Rio Grande
Allocation for Middle Rio Grande
Reserved for Operational Uses
Unallocated Water

RECEIVED
APR 17 2025

Water Availability Division

710,318.0000 AF
4,600.0000 AF
225,000.0000 AF
364,081.2714 AF
0.0000 AF
66,007.1786 AF
0.0000 AF
50,629.5500 AF
-0.0000 AF

Comments

*****WATERMASTER NOTICE*****

Please review your Water Conservation and Drought Contingency Plans and implement accordingly, practice water conservation, watch U.S. reservoir storage and water account balances closely.

The Operational Reserve (OR) was reduced by 24,370.4500 acre-feet. If the OR is fully used, negative allocations will be applied to Class A and Class B accounts. Please refer to 30 TAC §303.22.

The agency will be closed in observance of the following Holidays:
Thanksgiving- Wednesday, November 22, 2023, close at noon
Thanksgiving- Thursday and Friday, November 23 and 24, 2023

The next monthly report period ends on November 25, 2023.

Georgina (Gina) Bermea
Rio Grande Watermaster

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Aug 30 2023

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-23-146850

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
JOSEFA C MONTEMAYOR		CAVAZOS		AUGUST 22, 2023	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	8. BIRTHPLACE (City & State or Foreign Country)
FEMALE	OCTOBER 13, 1932	90			BROWNSVILLE, TX
7. SOCIAL SECURITY NUMBER	6. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)		
	<input type="checkbox"/> Married <input type="checkbox"/> Divorced (but not remarried) <input checked="" type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
2000 SPANISH OAK TRL				ROUND ROCK	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?		
WILLIAMSON	TEXAS	78681	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE		12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
BENITO CAVAZOS		REFUGIA MALDONADO			
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> 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)	
WILLIAMSON		ROUND ROCK, 78681		2000 SPANISH OAK TRL	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
LETTY KINCAID - DAUGHTER			2000 SPANISH OAK TRL, ROUND ROCK, TX 78681		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		ROBERT LAURENT, BY ELECTRONIC SIGNATURE - 119776		Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)			
COOK WALDEN CAPITAL PARKS		PFLUGERVILLE, TX			
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
WEED-CORLEY-FISH FUNERAL HOME - NORTH		5416 PARKCREST DRIVE, AUSTIN, TX 78731			
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice 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)	
PHILLIP WOODALL, BY ELECTRONIC SIGNATURE		AUGUST 30, 2023	J3658	08:43 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
PHILLIP WOODALL 3000 JOE DIMAGGIO BLVD. BLDG 400, UNIT 15, ROUND ROCK, TX 78664				DO	
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)		a. TERMINAL ARRHYTHMIA		Approximate interval Onset to death	
		Due to (or as a consequence of)		MOMENTS	
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		b. ELECTROLYTE IMBALANCE		DAYS	
		Due to (or as a consequence of)		MONTHS	
		c. DYSPHAGIA		YEARS	
		Due to (or as a consequence of)			
		d. Cerebrovascular Accident			
		Due to (or as a consequence of)			
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1		SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING		34. WAS AN AUTOPSY PERFORMED?	
CORONARY ARTERY DISEASE, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> 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)		
		<input type="checkbox"/> Yes <input type="checkbox"/> 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 000044445703073

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.

ISSUED Aug 31 2023

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

