STATE OF OREGON WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT PRE-1909 VESTED WATER RIGHT CLAIM

| 1. Name of Registrant: V. J. + Dolorse Willis Mailing Address: 698 South Summer Rd CoosBay ORe Telephone No: 267-2053 |
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| 2. Source of water: <u>Catching c Reek</u> Tributary to: <u>Catching 510ugh</u> |
| 3. Purpose(s) for which water is used: State of Pomestic Pomestic (Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.) If irrigation, total number of acres irrigated: |
| 4. Priority Date a) Date of first use: 1906 b) Date water use development first initiated: 1906 c) Name of party who initiated development: John Weaver Janus Calching |
| 5. Amount of water claimed:, in CFS or GPM (Water put to beneficial use) |
| 6. Location of place of use: |
| 7. Usual period of use: / / / to /2 / 3 / month day month day |

| 8. Remarks: additional confirming Material of CW RE 19 ap to be submitted at Later de | at — |
|--|------------|
| 9. Total fees submitted with claim: | |
| Notarized Statement Signed by Claimant. | |
| STATE OF OREGON) | |
| : ss : ss : county of | |
| depose and say that I, and being the claimant of the existing surface water right described herein, have read the contents of this claim and to the best of my knowledge all of the matters stated herein are true and correct. Signature of Claimant | Villi |
| Signed and attested before me this $3/$ day of 0 ec. , 1992 | . <u> </u> |
| Stacey Christensen | |
| OFFICIAL SEAL STACEY CHRISTENSEN NOTARY PUBLIC - OREGON COMMISSION NO. 019012 MY COMMISSION EXPIRES ICT. 11, 1996 MY COMMISSION EXPIRES IC | |
| THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE). | |
| Certified Water Right Examiner | |
| Name:CWRE#: | |
| Address: | |
| Telephone: | |