



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.wrd.state.or.us

# Application to Split A Permit and Request for Issuance of Replacement Permits (ORS 537.225)

## Part 1 of 5 – Minimum Requirements Checklist

**This application will be returned if Parts 1 through 5 and all required attachments are not completed and included.**

For questions, please call (503) 986-0900, and ask for Transfer Section.

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### Check all items included with this application.

- ☒ Part 1 – Completed Minimum Requirements Checklist.
- ☒ Part 2 – Completed Application Map Checklist.
- ☒ Part 3 – Completed Application with non-refundable \$125.00 Application Fee, Applicant(s)' Information and Signature(s).
- ☒ Part 4 – Other Landowner Information and proportionate rate(s).
- ☒ Part 5 – Water Right Permit Information. List the permit number to be assigned here: G-13811.

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### Attachments:

- ☒ Completed application map prepared by Certified Water Right Examiner (CWRE).
- ☒ Completed Affidavit(s) from the applicant(s):
  - ☒ Certifying the permit has not been conveyed or withheld, and remains appurtenant to the applicant's land.
  - ☒ Certifying the applicant has read the permit.
- ☒ Copy(s) of current recorded deed(s) showing that the applicant(s) is/are an owner of the land(s) to which the permit is appurtenant.

### INSTRUCTIONS for editing the Application Form

Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g., Page 5 of 9 10).

You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

For Staff Accounting Purposes Only – PCA #46110 Object # \_\_\_\_\_

## Part 2 of 4 –Application Map Checklist

**This application will be returned if any of the map requirements listed below are not met.**

**Please be sure that the map you submit is based upon the original water right application map or permit amendment map and includes all the items listed below and meets the requirements of OAR 690-325-0050. Check all boxes that apply.**

**The map shall not include any unauthorized change to the authorized place of use outside of its original perimeters as exhibited on the original water right application map or approved permit amendment map nor any unauthorized change to the location of the point(s) of diversion or appropriation as exhibited on the original water right application map or approved permit amendment map.**

- ☒ Certified Water Right Examiner (CWRE) Stamp and Signature. For a list of CWRE's, see [http://apps.wrd.state.or.us/apps/wr/cwre\\_license\\_view/](http://apps.wrd.state.or.us/apps/wr/cwre_license_view/).
- ☒ Permanent quality printed with dark ink on good quality paper.
- ☒ The size of the map can be 8½ x 11 inches, 8½ x 14 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one additional paper copy and an electronic copy in a .pdf, .tiff or .jpg format is required.
- ☒ A north arrow, a legend, and scale. The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- ☒ Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- ☒ Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- ☒ Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- ☒ Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- ☒ The place of use of each applicant's portion of the water right permit shall be clearly defined by outline and shaded or hachured and shall show the number of acres for each portion in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If the permit has multiple priority dates or uses, the lands to be served by each priority date and on which use is authorized, must be separately identified.
- ☒ The place of use of any part of the permit **not** being assigned shall be clearly defined by outline and shaded or hachured and shall show the number of acres for each portion in each quarter-quarter section, government lot, or quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If the permit has multiple priority dates or uses, the lands to be served by each priority date and on which use is authorized, must be separately identified.
- ☒ Each applicant's portion of the permit shall be referenced, by either alphabet letter or number, to each applicant(s) listed in the application form.
- ☒ The rate and any applicable acre-feet allowance of water use under the permit for each applicant's portion of the permit shall be clearly labeled on the map.
- ☒ The location of each authorized point of diversion or appropriation.

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Please use additional pages as needed

## Part 3 of 5 – Applicant Information and Signature

### Applicant Information

|                                                                                                                                                                                                    |             |                                   |                             |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|-----------------------------|------------------------|
| APPLICANT/BUSINESS NAME<br>JOHN SCHMITZ AND LORI KLINGE SCHMITZ                                                                                                                                    |             | MAP ID<br>(LETTER OR NUMBER)<br>B | PHONE NO.<br>(503) 799-6012 | ADDITIONAL CONTACT NO. |
| ADDRESS<br>28262 S. MERIDIAN RD.                                                                                                                                                                   |             |                                   |                             | FAX NO.                |
| CITY<br>AURORA                                                                                                                                                                                     | STATE<br>OR | ZIP<br>97002                      | E-MAIL                      |                        |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED. |             |                                   |                             |                        |

### Agent Information – This agent is authorized to represent the above applicant in all matters relating to this application

|                                                                                                                                                                                                    |             |                             |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|-------------------------------------------------|
| AGENT/BUSINESS NAME<br>Doann Hamilton/Pacific Hydro-Geology, Inc.                                                                                                                                  |             | PHONE NO.<br>(503) 632-5016 | ADDITIONAL CONTACT NO.<br>(503) 349-6946 (cell) |
| ADDRESS<br>18487 S. Valley Vista Road                                                                                                                                                              |             |                             | FAX NO.<br>(503) 632-5983                       |
| CITY<br>Mulino                                                                                                                                                                                     | STATE<br>OR | ZIP<br>97042                | E-MAIL<br>phgdmh@gmail.com                      |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED. |             |                             |                                                 |

*ORS 536.050(1)(aa) authorizes the Oregon Water Resources Department (OWRD) to collect fees based upon the actual cost of work to process an application under ORS 537.225.*

I (we) understand the following:

- Upon receipt of my complete application and the non-refundable application fee in the amount of \$125.00, OWRD will, within fifteen (15) days, notify me in writing of the estimate of the cost of work.
- The non-refundable \$125.00 fee covers the cost of OWRD's staff to evaluate and provide the cost of work estimate for processing the application.
- Upon receiving the estimate I may agree or decline to enter into a formal contract to pay the estimated cost of work in advance to initiate the processing of the application.
- If I decline to enter into a formal contract, OWRD will close my application.
- An incomplete or inaccurate application may delay the process and increase the cost to process my request.
- OWRD does not guarantee a favorable review of the application.

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**I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.**

**I (we) affirm that the information contained in this application is true and accurate.**



  
Applicant signature

JOHN SCHMITZ  
Name (and title if applicable) (print)

01/26/2015  
Date

Applicant signature

Name (and title if applicable) (print)

Date

Please use additional pages as needed

## Part 3 of 4 – Applicant Information and Signature

### Applicant Information

|                                                                                                                                                                                                    |             |              |                                          |                             |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|------------------------------------------|-----------------------------|------------------------|
| APPLICANT/BUSINESS NAME<br>JOHN SCHMITZ AND LORI KLINGE SCHMITZ                                                                                                                                    |             |              | MAP ID<br>(LETTER OR NUMBER)<br><b>B</b> | PHONE NO.<br>(503) 799-6012 | ADDITIONAL CONTACT NO. |
| ADDRESS<br>28262 S. MERIDIAN RD.                                                                                                                                                                   |             |              |                                          |                             | FAX NO.                |
| CITY<br>AURORA                                                                                                                                                                                     | STATE<br>OR | ZIP<br>97002 | E-MAIL                                   |                             |                        |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED. |             |              |                                          |                             |                        |

**Agent Information** – This agent is authorized to represent the above applicant in all matters relating to this application

|                                                                                                                                                                                                    |                    |                     |                                   |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|-----------------------------------|-------------------------------------------------|
| AGENT/BUSINESS NAME<br><b>Doann Hamilton/Pacific Hydro-Geology, Inc.</b>                                                                                                                           |                    |                     | PHONE NO.<br>(503) 632-5016       | ADDITIONAL CONTACT NO.<br>(503) 349-6946 (cell) |
| ADDRESS<br><b>18487 S. Valley Vista Road</b>                                                                                                                                                       |                    |                     |                                   | FAX NO.<br>(503) 632-5983                       |
| CITY<br><b>Mulino</b>                                                                                                                                                                              | STATE<br><b>OR</b> | ZIP<br><b>97042</b> | E-MAIL<br><b>phgdmh@gmail.com</b> |                                                 |
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**I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.**

**I (we) affirm that the information contained in this application is true and accurate.**

  
Applicant signature

\_\_\_\_\_  
Name (and title if applicable) (print)

08/25/2015  
Date

  
Applicant signature

\_\_\_\_\_  
Name (and title if applicable) (print)

8/27/15  
Date

### Applicant Information

|                                                                                                                                                                                                    |       |     |                              |           |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|------------------------------|-----------|------------------------|
| APPLICANT/BUSINESS NAME<br><b>NA</b>                                                                                                                                                               |       |     | MAP ID<br>(LETTER OR NUMBER) | PHONE NO. | ADDITIONAL CONTACT NO. |
| ADDRESS                                                                                                                                                                                            |       |     |                              |           | FAX NO.                |
| CITY                                                                                                                                                                                               | STATE | ZIP | E-MAIL                       |           |                        |
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|                                                                                                                                                                                                    |       |     |           |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|-----------|------------------------|
| AGENT/BUSINESS NAME                                                                                                                                                                                |       |     | PHONE NO. | ADDITIONAL CONTACT NO. |
| ADDRESS                                                                                                                                                                                            |       |     |           | FAX NO.                |
| CITY                                                                                                                                                                                               | STATE | ZIP | E-MAIL    |                        |
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**I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.**

**I (we) affirm that the information contained in this application is true and accurate.**

NA  
Applicant signature

\_\_\_\_\_  
Name (and title if applicable) (print)

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\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Name (and title if applicable) (print)

JAN 19 2016  
Date

## Applicant Information

|                                                                                                                                                                                                    |       |     |                              |           |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|------------------------------|-----------|---------------------------|
| APPLICANT/BUSINESS NAME<br>NA                                                                                                                                                                      |       |     | MAP ID<br>(LETTER OR NUMBER) | PHONE NO. | ADDITIONAL CONTACT<br>NO. |
| ADDRESS                                                                                                                                                                                            |       |     |                              |           | FAX NO.                   |
| CITY                                                                                                                                                                                               | STATE | ZIP | E-MAIL                       |           |                           |
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|                                                                                                                                                                                                    |       |     |           |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|-----------|------------------------|
| AGENT/BUSINESS NAME<br>NA                                                                                                                                                                          |       |     | PHONE NO. | ADDITIONAL CONTACT NO. |
| ADDRESS                                                                                                                                                                                            |       |     |           | FAX NO.                |
| CITY                                                                                                                                                                                               | STATE | ZIP | E-MAIL    |                        |
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**I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.**

**I (we) affirm that the information contained in this application is true and accurate.**



|                              |                                                 |               |
|------------------------------|-------------------------------------------------|---------------|
| _____<br>Applicant signature | _____<br>Name (and title if applicable) (print) | _____<br>Date |
| _____<br>Applicant signature | _____<br>Name (and title if applicable) (print) | _____<br>Date |

## Applicant Information

|                                                                                                                                                                                                    |       |     |                              |           |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|------------------------------|-----------|---------------------------|
| APPLICANT/BUSINESS NAME<br>NA                                                                                                                                                                      |       |     | MAP ID<br>(LETTER OR NUMBER) | PHONE NO. | ADDITIONAL CONTACT<br>NO. |
| ADDRESS                                                                                                                                                                                            |       |     |                              |           | FAX NO.                   |
| CITY                                                                                                                                                                                               | STATE | ZIP | E-MAIL                       |           |                           |
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|                                                                                                                                                                                                    |       |     |           |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|-----------|------------------------|
| AGENT/BUSINESS NAME<br>NA                                                                                                                                                                          |       |     | PHONE NO. | ADDITIONAL CONTACT NO. |
| ADDRESS                                                                                                                                                                                            |       |     |           | FAX NO.                |
| CITY                                                                                                                                                                                               | STATE | ZIP | E-MAIL    |                        |
| BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER AND REPLACEMENT PERMIT DOCUMENTS WILL ALSO BE MAILED. |       |     |           |                        |

**I (we) affirm that the most recent water use (if any) under my (our) portion of the permit has been exercised within the relevant terms and conditions of the permit.**

**I (we) affirm that the information contained in this application is true and accurate.**



|                              |                                                 |                                        |
|------------------------------|-------------------------------------------------|----------------------------------------|
| _____<br>Applicant signature | _____<br>Name (and title if applicable) (print) | <b>RECEIVED</b><br>Date<br>JAN 26 2016 |
| _____<br>Applicant signature | _____<br>Name (and title if applicable) (print) |                                        |

Please use additional pages as needed

## Part 4 of 5 – Other Landowner Information

Please list the owner(s) of land under the permit who are not submitting the assignment and request for issuance of replacement water right permit.

### Landowner Information

|                                                                         |                                   |                                   |              |
|-------------------------------------------------------------------------|-----------------------------------|-----------------------------------|--------------|
| LANDOWNER/BUSINESS NAME<br>MARINA SHARABARIN AND VASILY SHARABARIN      |                                   | MAP ID<br>(LETTER OR NUMBER)<br>A |              |
| MAILING ADDRESS<br>6363 Zimmerman Rd.                                   | CITY<br>AURORA                    | STATE<br>OR                       | ZIP<br>97002 |
| TOTAL NUMBER OF ACRES UNDER THE<br>PERMIT (AS DEPICTED ON MAP)<br>15.19 | PROPORTIONATE<br>RATE<br>0.19 CFS |                                   |              |

### Landowner Information

|                                                                |                       |                              |     |
|----------------------------------------------------------------|-----------------------|------------------------------|-----|
| LANDOWNER/BUSINESS NAME<br>NA                                  |                       | MAP ID<br>(LETTER OR NUMBER) |     |
| MAILING ADDRESS                                                | CITY                  | STATE                        | ZIP |
| TOTAL NUMBER OF ACRES UNDER THE<br>PERMIT (AS DEPICTED ON MAP) | PROPORTIONATE<br>RATE |                              |     |

### Landowner Information

|                                                                |                       |                              |     |
|----------------------------------------------------------------|-----------------------|------------------------------|-----|
| LANDOWNER/BUSINESS NAME<br>NA                                  |                       | MAP ID<br>(LETTER OR NUMBER) |     |
| MAILING ADDRESS                                                | CITY                  | STATE                        | ZIP |
| TOTAL NUMBER OF ACRES UNDER THE<br>PERMIT (AS DEPICTED ON MAP) | PROPORTIONATE<br>RATE |                              |     |

### Landowner Information

|                                                                |                       |                              |     |
|----------------------------------------------------------------|-----------------------|------------------------------|-----|
| LANDOWNER/BUSINESS NAME<br>NA                                  |                       | MAP ID<br>(LETTER OR NUMBER) |     |
| MAILING ADDRESS                                                | CITY                  | STATE                        | ZIP |
| TOTAL NUMBER OF ACRES UNDER THE<br>PERMIT (AS DEPICTED ON MAP) | PROPORTIONATE<br>RATE |                              |     |

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# Part 5 of 5 – Permit Information

PERMIT # G-13811

Completion date of the permit: OCTOBER 1 2004 EXTENDED TO OCTOBER 1, 2008; EXTENDED TO OCTOBER 1, 2013; EXTENDED TO OCTOBER 1, 2015, EXTENDED TO OCTOBER 1, 2017

Name(s) currently appearing on permit:

Marina Sharabarin and Vasily Sharabarin

John Schmitz and Lori Klinge Schmitz

Type(s) of use as listed on permit: IRRIGATION

Note: Type of use must be one or more of the following uses approved for assignment under ORS 537.225(1) and OAR 690-325-0010: irrigation, nursery, temperature control, stock watering, or agricultural water use.

Table 1. Location of Authorized Point(s) of Diversion (POD) or Appropriation (POA)

| POD/POA Name or Number     | IF POA, OWRD Well Log ID# (or Well ID Tag # L- ) | Twp |   | Rng |   | Sec | 1/4 1/4 |    | Tax Lot, DLC or Gov't Lot | Measured Distances (from a recognized survey corner)                 |
|----------------------------|--------------------------------------------------|-----|---|-----|---|-----|---------|----|---------------------------|----------------------------------------------------------------------|
| Sharabarin Proposed Well 1 | NA (Not Drilled)                                 | 4   | S | 1   | E | 30  | NW      | NW | DLC 40                    | 1,010 feet south and 1,440 feet east from the NW corner, Section 30. |
| Sharabarin Proposed Well 2 | NA (Not Drilled)                                 | 4   | S | 1   | E | 30  | SE      | NW | DLC 40                    | 1,600 feet south and 1,730 feet east from the NW corner, Section 30. |
| Sharabarin Well 3          | CLAC 55671                                       | 4   | S | 1   | E | 30  | NW      | NW | DLC 40                    | 1,050 feet south and 360 feet east from the NW corner, Section 30.   |
| Schmitz Well 1             | CLAC 12660, 12659                                | 4   | S | 1   | E | 30  | SW      | NW | DLC 40                    | 1,409 feet south and 612 feet east from the NW corner, Section 30    |
| Schmitz Well 2             | CLAC 70439                                       | 4   | S | 1   | E | 30  | SW      | NW | DLC 40                    | 1,620 feet south and 680 feet east from the NW corner, Section 30    |
|                            |                                                  |     |   |     |   |     |         |    |                           |                                                                      |

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**Table 2. Description of Permit #G-13811.**

List all parts of the permit (both assigned and unassigned). For the acreage or place(s) of use in each  $\frac{1}{4}$   $\frac{1}{4}$ , list the Map ID (letter or number from map and Parts 3 and 4) for each parcel. The acreage listed must equal the total acreage on the permit.

| Description of Permitted Lands |   |     |   |     |     |    |         |                |                      |             |                                                |                                                      |
|--------------------------------|---|-----|---|-----|-----|----|---------|----------------|----------------------|-------------|------------------------------------------------|------------------------------------------------------|
| Twp                            |   | Rng |   | Sec | ¼ ¼ |    | Tax Lot | Gvt Lot or DLC | Acre (if applicable) | Type of Use | POD(s) or POA(s) (name or number from Table 1) | Map ID (letter or number from map and Parts 3 and 4) |
| 4                              | S | 1   | E | 30  | NE  | NW | 1002    | 40             | 2.43                 | Irrigation  | Sharabarin Wells 1,2,&3                        | A                                                    |
| 4                              | S | 1   | E | 30  | NE  | NW | 900     | 40             | 2.61                 | Irrigation  | Sharabarin Wells 1,2,&3                        | A                                                    |
| 4                              | S | 1   | E | 30  | NE  | NW | 901     | 40             | 1.66                 | Irrigation  | Schmitz Wells 1 and 2                          | B                                                    |
| 4                              | S | 1   | E | 30  | NW  | NW | 1002    | 40             | 7.42                 | Irrigation  | Sharabarin Wells 1,2,&3                        | A                                                    |
| 4                              | S | 1   | E | 30  | NW  | NW | 1001    | 40             | 7.51                 | Irrigation  | Schmitz Wells 1 and 2                          | B                                                    |
| 4                              | S | 1   | E | 30  | NW  | NW | 900     | 40             | 0.17                 | Irrigation  | Sharabarin Wells 1,2,&3                        | A                                                    |
| 4                              | S | 1   | E | 30  | NW  | NW | 901     | 40             | 1.66                 | Irrigation  | Schmitz Wells 1 and 2                          | B                                                    |
| 4                              | S | 1   | E | 30  | SW  | NW | 1001    | 40             | 6.55                 | Irrigation  | Schmitz Wells 1 and 2                          | B                                                    |
| 4                              | S | 1   | E | 30  | SW  | NW | 901     | 40             | 1.15                 | Irrigation  | Schmitz Wells 1 and 2                          | B                                                    |
| 4                              | S | 1   | E | 30  | SE  | NW | 900     | 40             | 2.56                 | Irrigation  | Sharabarin Wells 1,2,&3                        | A                                                    |
| 4                              | S | 1   | E | 30  | SE  | NW | 901     | 40             | 1.54                 | Irrigation  | Schmitz Wells 1 and 2                          | B                                                    |
|                                |   |     |   |     |     |    |         |                |                      |             |                                                |                                                      |
|                                |   |     |   |     |     |    |         |                |                      |             |                                                |                                                      |
|                                |   |     |   |     |     |    |         |                |                      |             |                                                |                                                      |
| TOTAL ACRES                    |   |     |   |     |     |    |         |                | 35.26                |             |                                                |                                                      |

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**Check the appropriate box, if applicable:**

- ☐ Check here if any portion of the permit is located within an irrigation or other water district.

|                                |         |     |
|--------------------------------|---------|-----|
| IRRIGATION DISTRICT NAME<br>NA | ADDRESS |     |
| CITY                           | STATE   | ZIP |

- ☐ Check here if water for any portion of the permit is supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

|                    |         |     |
|--------------------|---------|-----|
| ENTITY NAME<br>N A | ADDRESS |     |
| CITY               | STATE   | ZIP |

Additional Remarks: Permit Amendment T-9759 involved a change in point of appropriation in order to locate two wells on the Schmitz property (Property B). The change authorized under T-9759 affected only that portion of Property B which is likely to be developed. The actual acreages irrigated will be determined at time of proof. In addition, the acreages identified in this application are based on the permitted acres and not the acres shown on the original application map.

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RECORDING REQUESTED BY:  
Fidelity National Title Company of Oregon

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GRANTOR'S NAME:  
Klinge Family Trust

Clackamas County Official Records  
Sherry Hall, County Clerk

2007-107853

GRANTEE'S NAME:  
John Schmitz and Lori A. Klinge-Schmitz  
husband and wife



\$41.00

01175226200701078530030038

12/31/2007 10:24:35 AM

D-D Cnt=1 Str=6 KARLYNWUN  
\$15.00 \$15.00 \$10.00

SEND TAX STATEMENTS TO:  
John Schmitz and Lori A. Klinge-Schmitz  
husband and wife  
28262 S. Meridian Rd  
Aurora, OR 97002

AFTER RECORDING RETURN TO:  
John Schmitz and Lori A. Klinge-Schmitz  
husband and wife  
28262 S. Meridian Rd  
Aurora, OR 97002

Escrow No: FT070005582-FTMWV03

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### STATUTORY WARRANTY DEED

Anne R. Klinge and Earl M. Klinge, Trustees of the Anne R. Klinge Family Trust dated August 14, 1997,  
Grantor, conveys and warrants to

John Schmitz and Lori A. Klinge-Schmitz husband and wife, Grantee, the following described real  
property, free and clear of encumbrances except as specifically set forth below, situated in the County of  
Clackamas, State of Oregon:

See Legal Description Attached Hereto

#### Subject to and excepting:

Current taxes, assessments, reservations in patents, and all agreements, easements, right-of-way,  
encumbrances, liens, setback lines, reservations, powers of special districts, covenants,  
conditions and restrictions as may appear of record.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE  
SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER SECTIONS 2, 3 AND 5 TO 22  
OF CHAPTER 424, OREGON LAWS 2007 (BALLOT MEASURE 49 (2007)). THIS INSTRUMENT DOES  
NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF  
APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS  
INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH  
THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF  
LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN  
ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO  
DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED  
IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF  
ANY, UNDER SECTIONS 2, 3 AND 5 TO 22 OF CHAPTER 424, OREGON LAWS 2007 (BALLOT  
MEASURE 49 (2007)).

THE TRUE AND ACTUAL CONSIDERATION FOR THIS CONVEYANCE IS \$275,000.00. (See  
ORS 93.030)  
DATED: 12/26/07

The Anne R. Klinge Family Trust Dated August 14,  
2007

BY: Anne R. Klinge, Hee  
Anne R. Klinge, Trustee

BY: Earl M. Klinge, Hee  
Earl M. Klinge, Trustee

FIDELITY NATIONAL TITLE 20070010992.29

12202

**RECEIVED**

JAN 19 2016

WATER RESOURCES DEPT  
SALEM, OREGON

State of OREGON  
COUNTY of Marion

This instrument was acknowledged before me on 12/24, 2007  
by Earl M. Klinge and Anne R. Klinge, Trustees of the Anne R. Klinge Family Trust dated August 17, 1997

Joan E. Cuff  
Joan E. Cuff, Notary Public - State of Oregon  
My commission expires: 05/10/10



**RECEIVED**

JAN 19 2016

WATER RESOURCES DEPT  
SALEM, OREGON

Order No.: 20070010992-FTPOR25

**EXHIBIT "ONE"**

Parcel I:

BEGINNING at the most Westerly Northwest corner of Albert Fish Donation Land Claim No. 40 in Section 30, Township 4 South, Range 1 East of the Willamette Meridian, in Clackamas County, Oregon; thence South  $0^{\circ}22'$  East, a distance of 1285 feet to a point which is the Southwest corner of the Albert Fish Donation Land Claim; thence South  $89^{\circ}43'$  East, a distance of 518.01 feet to the center of County Road No. 139, which is also the true point of beginning of the tract herein to be described; thence from the center of said road continue South  $89^{\circ}43'$  East, a distance of 1155.00 feet to a point, which is 368 feet West from the Southeast corner of a tract of land conveyed to Gene R. Ban, recorded October 20, 1941, in Book 286, Page 384, Fee No. 77361, Deed Records; thence North parallel with the West line of said Fish Donation Land Claim a distance of 593 feet; thence North  $89^{\circ}02'$  West, a distance of 1370 feet to a point in the center of said County Road No. 139; thence Southerly following the centerline of said County Road to the true point of beginning.

EXCEPT THEREFROM that portion lying within public roads.

Parcel II:

BEGINNING at the Southwest corner of the Albert H. Fish Donation Land Claim No. 40 in Section 30, Township 4 South, Range 1 East, of the Willamette Meridian, in Clackamas County, Oregon; thence from said Southwest corner North  $0^{\circ}22'$  West along the West line of said Donation Land Claim a distance of 167 feet to the true point of beginning of the herein described tract; thence continue North  $0^{\circ}22'$  West along the West line of said Donation Land Claim, a distance of 460 feet to a point, which is 435 feet Southerly of the intersection of said West line of said Donation Land Claim and the Westerly boundary of County Road No. 139; thence South  $89^{\circ}02'$  East 295 feet to a point on the Westerly line of County Road No. 139; thence Southeasterly along said Westerly line to a point of intersection of a line which is drawn North  $21^{\circ}43'$  West along the center of said road 180 feet from the point of intersection of said centerline with the South line of said Donation Land Claim and North  $89^{\circ}43'$  West 17.67 feet from said centerline; thence North  $89^{\circ}43'$  West parallel to the South line of said Fish Donation Land Claim, 429 feet to the West line of Albert H. Fish Donation Land Claim, and the true point of beginning.

EXCEPTING THEREFROM that portion lying within public roads.