



State of Oregon  
Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900

# Application for District Instream Lease

## Part 1 of 4 – Minimum Requirements Checklist

This Application to be used for water rights in the name of or conveyed by an Irrigation District (or similar organization). Complete Parts 1 through 4 and any required attachments.	OWRD #	
	District #	IL-16-15

IL-1530

Check all items included with this application. (N/A = Not Applicable)

Yes  N/A Pooled Lease-a lease with more than one Lessor (Landowner/water right interest holder)

Fee in the amount of:

<input checked="" type="checkbox"/> \$450.00 for a lease involving four or more landowners or four or more water rights	Or <input type="checkbox"/> \$300.00 for all other leases
<input type="checkbox"/> Check enclosed or	
<input checked="" type="checkbox"/> Fee Charged to customer account <u>Deschutes River Cons.</u> (Account name)	

Part 1 – Completed Minimum Requirements Checklist

Part 2 – Completed District and Other Party Signature Page

Part 3 – Completed Place of Use and Lessor Signature Page  
(Include a separate Part 3 for each Lessor.)

Part 4 – Completed Water Right and Instream Use Information  
(Include a separate Part 4 for each Water Right.)

How many Water Rights are included in the lease application? 1 (# of rights)  
List each water right to be leased instream here: 83571

Yes  N/A Other water rights, if any, appurtenant to the lands involved in the lease application and not proposed to be leased instream.  
List those other water rights here: 76714

Yes  No Conservation Reserve Enhancement Program CREP – Are some or all of the lands to be leased part of CREP or another Federal program (list here: \_\_\_\_\_)?

### Required Attachments:

Yes  N/A Instream lease application map(s). More than one QQ and property may be included on each map. A map is not required if an entire right is being leased or if the right is for use of municipal or quasi-municipal water use. The map should include the following:

- A north arrow and map scale (no smaller than 1" = 1320').
- Label township, range, section and quarter-quarter (QQ).
- If an irrigation right, the numbers of acres to be leased in each quarter-quarter identify and hachure/shade to differentiate between the acreage being leased and any remaining. If the place of use has more than one priority date, source stream, and/or point of diversion you must identify each with separate hachuring or shading and label.
- Tax lot lines and numbers must be included on the map and should clearly identify the property(s) involved.

Yes  N/A If the Lessor(s) is not the deeded land owner, include one of the following:

- A notarized statement from the land owner consenting to the lease and a copy of the recorded deed; or
- A water right conveyance agreement and a copy of the recorded deed for the landowner at the time the water right was conveyed; or
- Other documentation.

Yes  N/A If the right has not been used in the last five years; provide supporting documentation indicating why a right (or portion thereof) is not subject to forfeiture.

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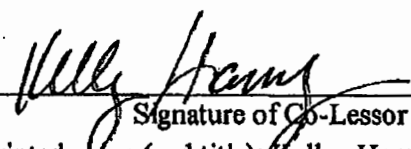
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**Part 2 of 4 – District and other party Signature**

<b>Term of the Lease:</b> The lease is requested to begin in: month <u>April</u> year <u>2016</u> and end: month <u>October</u> year <u>2016</u> .	
<b>Public use:</b> Check the public use(s) this lease will serve (as defined by ORS 537.332): <input checked="" type="checkbox"/> Conservation, maintenance and enhancement of aquatic, fish and wildlife, fish and wildlife habitat and any other ecological values. <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Pollution abatement <input type="checkbox"/> Navigation	<b>Termination provision (for multiyear leases):</b> <b>The parties to the lease request (choose one):</b> <input type="checkbox"/> a. The option of terminating the lease prior to expiration of the full term with written notice to the Department by the Lessor(s) and/or Lessee. <input type="checkbox"/> b. The option of terminating the lease prior to expiration of the full term, with consent by all parties to the lease. <input checked="" type="checkbox"/> c. The parties would not like to include a Termination Provision. (See instructions for limitations to this provision)
<b>Additive/Replacing Relationship to other instream water rights:</b> Instream leases are generally additive to other existing instream water rights created as a result of instream leases and transfers and/or allocations of conserved water. Since instream leases are also generally senior to other instream rights created through a state agency process or conversion of minimum flows, they generally replace a portion of these junior instream rights. If you would like this lease to relate to other instream water rights differently than described above, please check this box. <input type="checkbox"/> And attach an explanation of your intent.	
<b>Precedent:</b> If a right which has been leased is later proposed to be leased again or later transferred or become part of an allocation of conserved water project, a new injury review shall be required. An instream lease shall not set a precedent on a future transaction.	
<b>Validity of the rights to be leased:</b> <input checked="" type="checkbox"/> The water right(s) to be leased have been used under the terms and conditions of the right(s) during the last five years or have been leased instream; or <input type="checkbox"/> The water right(s) have not been used for the last five years according to the terms and conditions of the rights. However, the water right(s) is not subject to forfeiture under ORS 540.610(2). Documentation describing why the water right is not subject to forfeiture has been provided.	

**SIGNATURES**

The undersigned declare that the information contained in this application is true and accurate.

  
 \_\_\_\_\_  
 Signature of Co-Lessor  
 Date: 3/25  
 Printed name (and title): Kelley Hamby, Water Rights Specialist  
 Business/Organization name: Central Oregon Irrigation District  
 Mailing Address (with state and zip): 1055 SW Lake Ct, Redmond, OR 97756  
 Phone number (include area code): 541-548-7585 \*\*E-mail address: khamby@coid.org

\_\_\_\_\_  
 Signature of Co-Lessor  
 Date: \_\_\_\_\_  
 Printed name (and title): \_\_\_\_\_  
 Business/Organization name: \_\_\_\_\_  
 Mailing Address (with state and zip): \_\_\_\_\_  
 Phone number (include area code): \_\_\_\_\_ \*\*E-mail address: \_\_\_\_\_

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See next page for additional signatures.

Gen Hubert  
Signature of Lessee

Date: \_\_\_\_\_

Printed name (and title): Gen Hubert, Water Leasing Program Manager

Business/organization name: Deschutes River Conservancy

Mailing Address (with state and zip): PO Box 1560, Bend, OR 97709

Phone number (include area code): 541-382-4077 x16 \*\*E-mail address: gen@deschutesriver.org

**\*\* BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED TO THE LESSOR**

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## Part 3 of 4 – Place of Use – Lessor Information and Signatures

**Complete Table 1 Identify water right(s) proposed to be leased instream  
Provide a separate Part 3 for each Lessor (water right interest holder/landowner)**

**Table 1**

**Irrigation District or other Water Purveyor Name: Central Oregon Irrigation District**

Specify Water Right, Priority Date, point of diversion(s) (POD), place of use, tax lot, gov't lot/DLC, acres to be leased, original use type, certificate page number, and any previous lease.

If not enough room below, you may add rows (see instructions) or create a spreadsheet/table (matching Table 1) and attach.

Any attached table should include reference to the Lessor.

Water Right #	Priority Date	POD #	Twp		Rng		Sec	Q-Q		Tax Lot	Gov't Lot/DLC #	Acres	Use	Page #	Previous Lease #
83571	10/31/1900	11	14	S	13	E	24	NW	SW	400		5.55	Irrig	15	
			14	S	13	E	24	SW	SW	400		0.90	Irrig	15	

**Any additional information about the right:** \_\_\_\_\_

**Farm Deferral Tax Status:** Counties make the determination of whether a property qualifies for the farm use assessment without consideration of whether the lands have an associated water right which is leased instream. If you have questions regarding the farm use assessment you should contact your local county assessor. You should contact your County for any weed ordinance and management requirements.

The undersigned declare:

1. I/We agree during the term of this lease to suspend use of water allowed under the water right(s) involved in the lease as well as and any other appurtenant primary or supplemental water right(s); and
2. I/We certify are the lessor(s) (water right interest holder) of the water right(s) in Table 1. If not the deeded land owner, I/we have obtained consent from the deeded land owner and/or have provided documentation of authorization to pursue the instream lease; and
3. I/We affirm that the information in this application is true and accurate.

*Jeffrey Anspach*

Date: 2/25/16

Signature of Lessor

Printed name (and title): Jeffrey Anspach Business name, if applicable: \_\_\_\_\_  
 Mailing Address (with state and zip): 3836 NE Smith Rock Way, Terrebonne, OR 97760  
 Phone number (include area code): (541)325-1238\*\*E-mail address: \_\_\_\_\_

*Linda Anspach*

Date: 2/10/16

Signature of Lessor

Printed name (and title): Linda Anspach Business name, if applicable: \_\_\_\_\_  
 Mailing Address (with state and zip): 3836 NE Smith Rock Way, Terrebonne, OR 97760  
 Phone number (include area code): (541) 233-8359 \*\*E-mail address: linda@ddranch.net

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**EXHIBIT C**

**Deschutes River Conservancy  
Instream Leasing Program**

**Policy Concerning Weeds & Instream Leases  
Information on Farm Deferral & Lease Payment**

The Deschutes River Conservancy is dedicated to restoring stream flow and improving water quality in the Deschutes Basin; land stewardship is a component of these goals.

**Weed Policy**

The DRC expects participants in the Leasing Program will continue to exercise agricultural best management practices on lands enrolled in the Program, particularly with respect to the control of noxious and/or nuisance weeds. Failure to control weeds on leased acres may result in exclusion from Program compensation.

*Information and Resources Attached*

**Farm Deferral Notice**

Instream leasing is a beneficial use that protects your water right from forfeiture and allows for compensation for this instream use, but please note that it does not automatically protect against loss of farm use special assessment. Exclusive Farm Use (EFU) zoned lands may still require at least minimal use with the intent to make a profit. It is the landowner's responsibility to know their tax assessment status and qualifying uses.

*Information and Resources Attached*

**Donated Leases:** One year and multi-year leases of less than 10 acres, leases with public entities, leases submitted after the due date, and leases with verified weed complaints are not paid a per acre or per acre-foot rate by the DRC.

I, Linda Anspach understand the DRC weed policy and have  
*Print Name*  
been informed about farm deferral and donations.

Signature: Linda Anspach Date: 2/25/14

**This form must be signed and returned with state lease form.**

**Part 3 of 4 – Place of Use – Lessor Information and Signatures**

**Complete Table 1. Identify water right(s) proposed to be leased instream.  
Provide a separate Part 3 for each Lessor (water right interest holder/landowner).**

**Table 1**

**Irrigation District or other Water Purveyor Name: Central Oregon Irrigation District**

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Water Right	Priority Date	POD	Div	Rgn	Sec	T-0	Tax Lot	Gov. Lot/DI/C	Acres	Use	Page	Previous Lease		
83571	10/31/1900	11	15	S	13	E	07	NW SW	500		18.8	Irrig	23	IL-1468
		11	15	S	13	E	07	SE NW	500		14.0	Irrig	23	IL-1468

**Any additional information about the right:** \_\_\_\_\_

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3. I/We affirm that the information in this application is true and accurate.

Ronda Lapp Signature of Lessor Date: 2/24/16

Printed name (and title): Clayton Lapp Business name, if applicable: \_\_\_\_\_  
Mailing Address (with state and zip): 6240 SW Harvest Ave., Redmond, OR 97756  
Phone number (include area code): (541) 408-4791 \*\*E-mail address: \_\_\_\_\_

Ronda Lapp Signature of Lessor Date: 2/24/16

Printed name (and title): Ronda Lapp Business name, if applicable: \_\_\_\_\_  
Mailing Address (with state and zip): 6240 SW Harvest Ave., Redmond, OR 97756  
Phone number (include area code): (541) 408-4791 \*\*E-mail address: \_\_\_\_\_

District Instream Lease Application (revised 2/12/2014)

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## EXHIBIT C

### Deschutes River Conservancy Instream Leasing Program

#### Policy Concerning Weeds & Instream Leases Information on Farm Deferral & Lease Payment

The Deschutes River Conservancy is dedicated to restoring stream flow and improving water quality in the Deschutes Basin; land stewardship is a component of these goals.

#### **Weed Policy**

The DRC expects participants in the Leasing Program will continue to exercise agricultural best management practices on lands enrolled in the Program, particularly with respect to the control of noxious and/or nuisance weeds. Failure to control weeds on leased acres may result in exclusion from Program compensation.

*Information and Resources Attached*

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*Information and Resources Attached*

**Donated Leases:** One year and multi-year leases of less than 10 acres, leases with public entities, leases submitted after the due date, and leases with verified weed complaints are not paid a per acre or per acre-foot rate by the DRC.

I, Ronda Lapp understand the DRC weed policy and have  
*Print Name*  
been informed about farm deferral and donations.

Signature: Ronda Lapp Date: 5/24/14

**This form must be signed and returned with state lease form.**

Part 3 of 4 – Place of Use – Lessor Information and Signatures

**Complete Table 1 Identify water right(s) proposed to be leased instream  
Provide a separate Part 3 for each Lessor (water right interest holder/landowner)**

**Table 1**

**Irrigation District or other Water Purveyor Name: Central Oregon Irrigation District**

**Specify Water Right, Priority Date, point of diversion(s) (POD), place of use, tax lot, gov't lot/DLC, acres to be leased, original use type, certificate page number, and any previous lease.**

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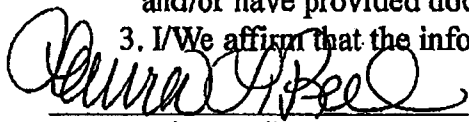
Water Right #	Priority Date	POD #	Twp	Rng	Sec	Q-Q	Tax Lot	Gov't Lot/DLC #	Acres	Use	Page #	Previous Lease #
83571	10/31/1900	11	16 S	12 E	02	SW SW	800		0.75	Irrig	36	

Any additional information about the right: \_\_\_\_\_

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3. I/We affirm that the information in this application is true and accurate.

  
Signature of Lessor

Date: 2/13/16

Printed name (and title): Laura Lash Business name, if applicable: \_\_\_\_\_  
 Mailing Address (with state and zip): PO Box 68, Dufur OR 97021  
 Phone number (include area code): (541)997-7725 \*\*E-mail address: hunterswife8825@gmail.com

\_\_\_\_\_  
Signature of Lessor Date: \_\_\_\_\_

Printed name (and title): \_\_\_\_\_ Business name, if applicable: \_\_\_\_\_  
 Mailing Address (with state and zip): \_\_\_\_\_  
 Phone number (include area code): \_\_\_\_\_ \*\*E-mail address: \_\_\_\_\_

District Instream Lease Application (revised 2/1/2011)

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*Information and Resources Attached*

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I, Laura L. Reed understand the DRC weed policy and have  
*Print Name*  
been informed about farm deferral and donations.

Signature:  Date: 2/13/16

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**Part 3 of 4 – Place of Use – Lessor Information and Signatures**

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Water Right #	Priority Date	POD #	Exp	Reg	Sec	Q-Q	Taxlot	Gov't Lot/DEC #	Acres	Use	Page #	Previous Lease #		
83571	10/31/1900	11	15	S	12	E	13	SE NE	1100		6.1	Irrig	21	IL-1458

**Any additional information about the right:** \_\_\_\_\_

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3. I/We affirm that the information in this application is true and accurate.

M. Lindsay Simmons Date: 2-23-16  
Signature of Lessor

Printed name (and title): M. Lindsay Simmons Business name, if applicable: \_\_\_\_\_  
Mailing Address (with state and zip): 17420 Cascade Estates Dr., Bend, OR 97701  
Phone number (include area code): (541) 389-8024 \*\*E-mail address: \_\_\_\_\_

Jayne E. Simmons Date: 2-23-16  
Signature of Lessor

Printed name (and title): Jayne Simmons Business name, if applicable: \_\_\_\_\_  
Mailing Address (with state and zip): 17420 Cascade Estates Dr., Bend, OR 97701  
Phone number (include area code): (541) 389-8024 \*\*E-mail address: jayne.in.sisters@gmail.com

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*Information and Resources Attached*

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*M. Lindsay Simmons*

I, Jayne Simmons understand the DRC weed policy and have  
*Print Name*  
been informed about farm deferral and donations.

Signature: *M Lindsay Simmons* Date: 2-24-16  
*Jayne E. Simmons* Date: 2-24-16

**This form must be signed and returned with state lease form.**

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## Part 3 of 4 – Place of Use – Lessor Information and Signatures

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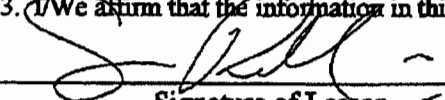
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3. I/We affirm that the information in this application is true and accurate.

  
 \_\_\_\_\_ Date: 2/26/16  
 Signature of Lessor

Printed name (and title): Sean D. Robbins - President Business name, if applicable: Vantage Homes, LLC  
 Mailing Address (with state and zip): 1761 Third St. #103, Norco, CA 92860  
 Phone number (include area code): (949) 315-8013 \*\*E-mail address: seandrobbins@gmail.com

  
 \_\_\_\_\_ Date: 2/26/2016  
 Signature of Lessor

Printed name (and title): \_\_\_\_\_ Business name, if applicable: \_\_\_\_\_  
 Mailing Address (with state and zip): \_\_\_\_\_  
 Phone number (include area code): \_\_\_\_\_ \*\*E-mail address: \_\_\_\_\_

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**EXHIBIT C**

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Instream Leasing Program**

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I, Sean Robbins understand the DRC weed policy and have  
*Print Name*  
been informed about farm deferral and donations.

Signature:  Date: 2/26/2016

**This form must be signed and returned with state lease form.**

OREGON SECRETARY OF STATE  
**► Corporation Division**

[HOME](#)   
 [business information center](#)   
 [business name search](#)   
 [oregon business guide](#)   
 [referral list](#)   
 [business registry/renewal](#)   
 [forms/fees](#)   
 [notary public](#)   
 [uniform commercial code](#)   
 [uniform commercial code search](#)   
 [documents & data services](#)

**Business Name Search**

[New Search](#)   
 [Printer Friendly](#)   
 **Business Entity Data**   
 02-29-2016 09:20

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
1012475-91	DLLC	ACT	OREGON	04-15-2014	04-15-2016	YES
<b>Entity Name</b>	VANTAGE HOMES LLC					
<b>Foreign Name</b>						

**Online Renewal:**

[Renew Online](#)

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 **Associated Names**

<b>Type</b>	PPB	PRINCIPAL PLACE OF BUSINESS			
<b>Addr 1</b>	14839 SE 82ND DR STE G				
<b>Addr 2</b>					
<b>CSZ</b>	CLACKAMAS	OR	97015	<b>Country</b>	UNITED STATES OF AMERICA

*Please click [here](#) for general information about registered agents and service of process.*

<b>Type</b>	AGT	REGISTERED AGENT	<b>Start Date</b>	04-15-2014	<b>Resign Date</b>	
<b>Name</b>	JERAD	GOUGHNOUR				
<b>Addr 1</b>	14839 SE 82ND DR STE G					
<b>Addr 2</b>						
<b>CSZ</b>	CLACKAMAS	OR	97015	<b>Country</b>	UNITED STATES OF AMERICA	

<b>Type</b>	MAL	MAILING ADDRESS			
<b>Addr 1</b>	3416 VIA OPORTO				
<b>Addr 2</b>	#301				
<b>CSZ</b>	NEWPORT	CA	92663	<b>Country</b>	UNITED STATES OF AMERICA



	BEACH					
<b>Type</b>	MGR	MANAGER			<b>Resign Date</b>	
<b>Name</b>	SEAN		ROBBINS			
<b>Addr 1</b>	3416 VIA OPORTO					
<b>Addr 2</b>	#301					
<b>CSZ</b>	NEWPORT BEACH	CA	92663		<b>Country</b>	UNITED STATES OF AMERICA

[New Search](#)   [Printer Friendly](#)   **Name History**

Business Entity Name	Name Type	Name Status	Start Date	End Date
VANTAGE HOMES LLC	EN	CUR	04-15-2014	

Please read before ordering Copies.

[New Search](#)   [Printer Friendly](#)   **Summary History**

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	05-08-2015		FI		
	NOTICE LATE ANNUAL	04-17-2015		SYS		
	ARTICLES OF ORGANIZATION	04-15-2014		FI	Agent	

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**EXHIBIT C**

**Deschutes River Conservancy  
Instream Leasing Program**

**Policy Concerning Weeds & Instream Leases  
Information on Farm Deferral & Lease Payment**

The Deschutes River Conservancy is dedicated to restoring stream flow and improving water quality in the Deschutes Basin; land stewardship is a component of these goals.

**Weed Policy**

The DRC expects participants in the Leasing Program will continue to exercise agricultural best management practices on lands enrolled in the Program, particularly with respect to the control of noxious and/or nuisance weeds. Failure to control weeds on leased acres may result in exclusion from Program compensation.

*Information and Resources Attached*

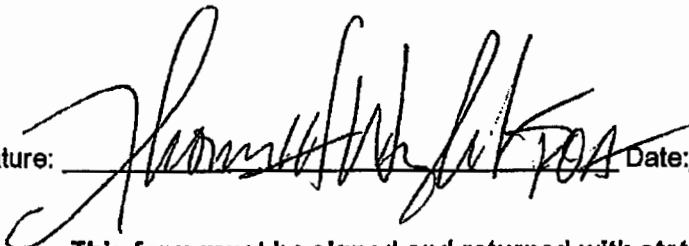
**Farm Deferral Notice**

Instream leasing is a beneficial use that protects your water right from forfeiture and allows for compensation for this instream use, but please note that it does not automatically protect against loss of farm use special assessment. Exclusive Farm Use (EFU) zoned lands may still require at least minimal use with the intent to make a profit. It is the landowner's responsibility to know their tax assessment status and qualifying uses.

*Information and Resources Attached*

**Donated Leases:** One year and multi-year leases of less than 10 acres, leases with public entitlements, leases submitted after the due date, and leases with verified weed complaints are not paid a per acre or per acre-foot rate by the DRC.

I, THOMAS WIGGINT - P.O.A. understand the DRC weed policy and have  
*Print Name*  
been informed about farm deferral and donations.

Signature:  Date: 2/22/16

**This form must be signed and returned with state lease form.**

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William C. Claridge, MD  
Sing Wei Ho, MD  
Pamela J. Irby, MD  
Daniel J. Murphy, MD  
Sheryl L. Norris, MD



Mark A. Valenti, MD  
Thomas L. Allumbaugh, MD  
Joe T. McCook, MD  
Nathan R. Thompson, MD  
Ruperto C. Vallarta, MD

June 4, 2015

Carol Wright  
1724 S.W. 25<sup>th</sup> St.  
Redmond, Or 97756

Re: Mental Status

To Whom It May Concern:

I am the attending physician for Carol Wright DOB 6/6/1928. Carol has a medical diagnosis of vascular dementia evolving into advanced Alzheimer's disease. She is not competent to make legal and financial decisions. Her husband who previously made all these decisions has recently died. Another member of the family will have to be designated with power of attorney to make these decisions on her behalf.

Sincerely,

A handwritten signature in cursive script that reads "William C. Claridge".

William Claridge, MD

WCC/ml

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# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

670619

LD TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First: <b>Shawman</b> Middle: <b>Elmo</b> Last: <b>Wright</b>	2. Sex <b>Male</b>	3. Age <b>90 years</b>	4. Social Security Number <b>529-12-0494</b>	5. Date of Death <b>April 17, 2015</b>
6. Date of Birth <b>April 19, 1924</b>	7. Birthplace <b>Salt Lake City, Utah</b>	8. County of Death <b>Dischutes</b>	9. Decedent's Education <b>Some college</b>	10. Was Decedent of Hispanic Origin? <b>No</b>
11. Decedent's Race(s) <b>White</b>	12. Was Decedent Ever in U.S. Armed Forces? <b>Yes</b>	13. Residence: Name and Street <b>1724 SW 25th Street</b>	14. City/Town <b>Redmond</b>	15. Residence County <b>Oregon</b>
16. State or Foreign Country <b>Oregon</b>	17. Zip Code + 4 <b>97756</b>	18. Inside City Limits? <b>Yes</b>	19. Marital Status at Time of Death <b>Married</b>	20. Spouse's Name Prior to First Marriage <b>Carol Fonseca</b>
21. Usual Occupation <b>Sales</b>	22. Kind of Business/Industry <b>Auto Sales/Owner</b>	23. Father's Name <b>Ermer Wright</b>	24. Mother's Name Prior to First Marriage <b>Elizabeth Hamilton</b>	25. Decedent's Residence - Hospital <b>None</b>
26. Location of Death <b>1724 SW 25th Street</b>	27. City/Town or Location of Death <b>Redmond</b>	28. State <b>Oregon</b>	29. Zip Code + 4 <b>97756</b>	30. Method of Disposition <b>Funeral</b>
31. Record Disposition <b>Funeral Services - Lawn</b>	32. Date and Complete Address of Record Disposition <b>1724 SW 25th Street, Redmond, OR 97756</b>	33. Date of Death <b>April 23, 2015</b>	34. Registrar's Signature <b>Jessie Davis</b>	35. Date of Signature <b>April 23, 2015</b>
36. Registrar's Signature <b>Jessie Davis</b>	37. Date of Signature <b>April 23, 2015</b>	38. Registrar's License Number <b>CO 3513</b>	39. Date of Signature <b>April 23, 2015</b>	40. Registrar's License Number <b>CO 3513</b>
41. Cause of Death <b>Cor. to Cor. of Aorta, Atherosclerosis, Myocardial Infarction, Hypertension</b>	42. Date of Death <b>April 30, 2015</b>	43. Time of Death <b>1:30 p.m.</b>	44. Cause of Death <b>Cor. to Cor. of Aorta, Atherosclerosis, Myocardial Infarction, Hypertension</b>	45. Date of Signature <b>April 30, 2015</b>
46. Cause of Death <b>Cor. to Cor. of Aorta, Atherosclerosis, Myocardial Infarction, Hypertension</b>	47. Date of Death <b>April 30, 2015</b>	48. Time of Death <b>1:30 p.m.</b>	49. Cause of Death <b>Cor. to Cor. of Aorta, Atherosclerosis, Myocardial Infarction, Hypertension</b>	50. Date of Signature <b>April 30, 2015</b>
51. Chain of events, disease, injuries, or complications - think of only the death DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the above. DO NOT ABBREVIATE.	52. Immediate Cause <b>Aortic Stenosis</b>	53. Intermediate Cause <b>Hypertension</b>	54. Underlying Cause <b>Cor. to Cor. of Aorta, Atherosclerosis, Myocardial Infarction, Hypertension</b>	55. Cause of Death <b>Cor. to Cor. of Aorta, Atherosclerosis, Myocardial Infarction, Hypertension</b>
56. Other significant conditions contributing to death, but not resulting in the underlying cause given above.	57. Number of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending	58. If Foreign <input type="checkbox"/> Not reported within past year <input type="checkbox"/> Reported at last death <input type="checkbox"/> Not reported, but reported within past year <input type="checkbox"/> Not reported, but reported within past year	59. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	60. Date of Injury (omit xx/xx/xx)
61. Location of Injury (House or Street or Public, etc. See, Sec. 26-1-1)	62. Date of Injury	63. Time of Injury	64. Place of Injury (e.g., Private home, construction site, restaurant, school, etc.)	65. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
66. Name and Address of Coroner (omit street or RFD for RFD only)	67. Name and Address of Coroner (omit street or RFD for RFD only)	68. Name and Address of Coroner (omit street or RFD for RFD only)	69. Name and Address of Coroner (omit street or RFD for RFD only)	70. Name and Address of Coroner (omit street or RFD for RFD only)
71. Name and Address of Coroner (omit street or RFD for RFD only)	72. Name and Address of Coroner (omit street or RFD for RFD only)	73. Name and Address of Coroner (omit street or RFD for RFD only)	74. Name and Address of Coroner (omit street or RFD for RFD only)	75. Name and Address of Coroner (omit street or RFD for RFD only)
76. Name and Address of Coroner (omit street or RFD for RFD only)	77. Name and Address of Coroner (omit street or RFD for RFD only)	78. Name and Address of Coroner (omit street or RFD for RFD only)	79. Name and Address of Coroner (omit street or RFD for RFD only)	80. Name and Address of Coroner (omit street or RFD for RFD only)
81. Name and Address of Coroner (omit street or RFD for RFD only)	82. Name and Address of Coroner (omit street or RFD for RFD only)	83. Name and Address of Coroner (omit street or RFD for RFD only)	84. Name and Address of Coroner (omit street or RFD for RFD only)	85. Name and Address of Coroner (omit street or RFD for RFD only)
86. Name and Address of Coroner (omit street or RFD for RFD only)	87. Name and Address of Coroner (omit street or RFD for RFD only)	88. Name and Address of Coroner (omit street or RFD for RFD only)	89. Name and Address of Coroner (omit street or RFD for RFD only)	90. Name and Address of Coroner (omit street or RFD for RFD only)
89. Amendment	90. Amendment	91. Amendment	92. Amendment	93. Amendment

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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OF THE VITAL RECORDS OFFICE ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: **APR 30 2015**

**JENNIFER A. WOODWARD, Ph.D.**  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT THE OREGON STATE SEAL AND WORDS

COPY

**DURABLE POWER OF ATTORNEY**

I, **CAROL F. WRIGHT**, do hereby make, constitute and appoint **THOMAS H. WRIGHT** my Agent and attorney-in-fact (hereinafter called Agent) with the following power and authority:

1. **Support.** To make expenditures for my care, maintenance, support and general welfare, and to distribute such sums as are necessary for the care, maintenance, education and support of members of my immediate family who are or become dependent upon me for support;
2. **Management.** To take possession of, manage, administer, operate, maintain, improve and control all my property, real and personal; to insure and keep the same insured; and to pay any and all taxes, charges and assessments that may be levied or imposed upon any thereof;
3. **Collections.** To collect and receive any money, property, debts or claims whatsoever, now or hereafter due, owing and payable or belonging to me; and to forgive debts; and to give receipts, acquittance or other sufficient discharges for any of the same;
4. **Checks and Notes.** To sign, endorse, sell, discount, deliver and/or deposit checks, drafts, notes and negotiable or nonnegotiable instruments, including any payments to me drawn on the Treasury of the United States or the State of Oregon or any other state or governmental entity, and to accept drafts;
5. **Investments.** To retain any property in the hands of the Agent in the form in which it was received; and to make investments and changes of investments in such securities, including common and preferred stocks of corporations or other property, real or personal, as my Agent may deem prudent; and to hold such securities in the name of its nominee or unregistered in such form that transfer thereof may be effected by delivery;
6. **Debts.** To pay my debts and other obligations;
7. **Litigation.** To sue upon, defend, compromise, submit to arbitration or adjust any controversies in which I may be interested; and to act in my name in any complaints, proceedings or suits with all the powers I would possess if personally present and under no legal disability;
8. **Acquisition.** To bargain for, buy and deal in property and goods of every description;
9. **Disposition.** To sell, convey, grant, exchange, transfer, option, convert, mortgage, pledge, consign, lease and otherwise dispose of any of my property, whether real or personal;

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10. **Borrowing.** To advance or loan the Agent's own funds on my behalf; and to borrow any sums of money on such terms and at such rate of interest as my Agent may deem proper and to give security for the repayment of the same;

11. **Agreements.** To make and deliver any deeds, conveyances, contracts, covenants and other instruments, undertakings or agreements, either orally or in writing, which my Agent may deem proper;

12. **Voting.** To appear and vote for me in person or by proxy at any corporate or other meeting;

13. **Safety Deposit Box.** To have access to any safety deposit box which has been rented in my name or in the name of myself and any other person or persons;

14. **Withdrawal of Funds.** To withdraw any monies deposited with any bank, mutual savings bank, credit union, savings and loan association, mutual fund, money market account, investment advisor or broker in my name or in the name of myself and any other person or persons and generally to do any business with any such financial institution or agency on my behalf;

15. **Tax Returns.** To sign and file on my behalf all city, county, state, federal and other governmental or quasi-governmental tax returns or reports, including income, gift, sales, business, and property tax returns or reports of every kind whatsoever; to execute waivers, extension agreements, settlement agreements and closing agreements with respect to those returns and to appear for me, in person or by attorney, and represent me before the United States Treasury Department or the Oregon Department of Revenue or the taxing authority of any other state or governmental entity;

16. **Government Benefits.** To do and perform every act necessary or desirable and to serve as representative payee with respect to rights and entitlements for my benefit and the benefit of my spouse from Social Security, Medicare and military service;

17. **Treasury Bonds.** To purchase U.S. Treasury bonds or other instruments redeemable at par in payment of federal estate taxes;

18. **Additions to Trust.** To add any or all of my assets to a trust created by me alone or in conjunction with one or more other persons and already in existence at the time of the creation of this power if the trust provides that the income and principal shall be paid to me or applied for my benefit during my lifetime;

19. **Business Interests.** To continue as a going concern any business interest owned by me, either individually or as a co-partner;

20. **Withdraws from Trust.** To withdraw assets from my Revocable Living Trust for my benefit, with my full prior consent to this exercise in my reserved power to withdraw assets from the trust; if my spouse is my agent, then I authorize withdrawals from the trust for my spouse's benefit alone, and not for my benefit, without breach of fiduciary duty and with my full prior consent.

21. **Substitution and Delegation.** To appoint and substitute for my said Agent any Agents, nominees or attorneys to exercise any or all of the powers herein and to revoke their authority at pleasure.

22. **Pension/Retirement Plans.** To act on my behalf in dealing with my pension and retirement plans, including the power to make IRA contributions, IRA rollovers, voluntary contributions, borrow from any retirement plan, elect or select pay out options, and take any other steps which I might take on my own behalf with regard to my retirement and/or IRA/pension plans.

23. **Jointly Owned Assets.** To convert jointly owned assets into sole ownership of the other joint owner and to liquidate any jointly owned asset and to direct the investment holder to pay the liquidation distribution to the benefit of only one of the joint owners.

24. **Mail.** To redirect my mail.

25. **Credit Cards/Charge Accounts.** To cancel or continue my credit cards and/or any credit or charge accounts.

26. **Custody of Papers.** To take custody of my Will, deeds, life insurance policies, contracts, securities or other important papers.

27. **Transfer of Property.** To transfer or dispose of my property in order to effect my entitlement to public services or benefits, to reduce the tax liability that would otherwise occur as a result of my death or to reduce the time and expense of administration of my estate after my death, including transfers to trusts for my benefit and which are consistent with my existing estate plan, if my Agent determines that such action is appropriate under the circumstances.

28. **General Authority.** I authorize my Agent for me in my name generally to do and perform all and every act and thing necessary or desirable to conduct, manage and control all my business and my property, wherever it is situated, and whether now owned or hereafter acquired, as my Agent may deem for my best interests and to execute and acknowledge any and all instruments necessary or proper to carry out the foregoing powers, hereby releasing all third persons from responsibility for my Agent's acts and omissions and I empower my Agent to indemnify all such persons against loss, expense and liability.

29. **Third Party Reliance.** Third persons may conclusively rely upon the continued validity

of this Power of Attorney until receiving actual knowledge of its revocation. Third persons may conclusively rely on a copy of this instrument in its entirety or any portion thereof certified as such by my Agent. Any reliance by a third person upon the provisions of this paragraph shall absolve said third person from any liability that might otherwise result from such reliance.

30. Durability. These powers of attorney shall remain exercisable by my Agent on my behalf in the event I may become legally disabled or incompetent.

31. Governing Law. All questions pertaining to validity, interpretation and administration of this power shall be determined in accordance with the laws of Oregon.

32. Life Insurance. My agent shall have the power to exercise all rights that I have over any life insurance policies which I own including the right to change the beneficiary, to change ownership and to borrow against the policy. Such power, however, may only be exercised in a fiduciary capacity.

33. Gifting. My agent may continue to make gifts consistent with any gifting program I adopted prior to my incapacity. Such gifting program shall be evidenced by any past history of making gifts which I have engaged in.

DATED: 11-18, 2003

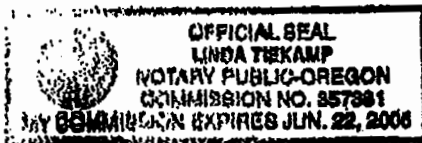
Carol F. Wright  
CAROL F. WRIGHT

STATE OF OREGON        )  
                                  ) ss.  
County of Deschutes    )

DATE: November 18, 2003

Personally appeared CAROL F. WRIGHT and acknowledged the foregoing instrument to be her voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Linda Tekamp  
Notary Public for Oregon

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**Part 4 of 4 – Water Right and Instream Use Information**

**Use a separate Part 4 for each water right to be leased instream**

**Table 2**

**Use Table 2 to illustrate the totals for the water right proposed to be leased instream (based on Part 3 of 4) Water Right # 83571**

Total rate and volume by priority/date, POD, use and acreage as appropriate considering the right to be leased. If not enough room below, you may add rows (see instructions) or create a spreadsheet (matching Table 2 and clearly labeled) and attach.  
(cfs = cubic feet per second and af = acre feet)

Priority Date	POD #	Use	Acres	Other Information (such as conditions/limitations on the right)	Rate (cfs)	Volume (af)
10/31/1900	11	Irrig	51.40	Season 1 Rate / Total Volume	0.587	485.03
10/31/1900	11	Irrig	51.40	Season 2 Rate	0.800	
10/31/1900	11	Irrig	51.40	Season 3 Rate	1.091	
12/02/1907	11	Irrig	51.40	Season 3 Rate	0.437	

Total af from storage, if applicable: \_\_\_\_\_ AF or  N/A

If the POD is not described on the certificate or, if there is more than one POD listed on the certificate, then the specific POD must be described: POD # \_\_\_\_\_

**Table 3**

<b>Instream Use created by the lease</b>	<b>River Basin:</b> Deschutes	<b>River/Stream Name:</b> Deschutes River, tributary to Columbia River				
<b>Proposed Instream Reach:</b> <input checked="" type="checkbox"/> A reach typically begins at the POD and ends at the mouth of the source stream: From the POD _____ to Mouth of Deschutes River (RM 0)		<b>Or Proposed Instream Point:</b> <input type="checkbox"/> Instream use protected at the POD				
OR <input type="checkbox"/> Please check this box if you are not sure of the proposed reach and want water to be protected within a reach below the POD, if possible. If no reach is identified or the above box is not checked, and there is only one POD listed on the water right, the lease may be processed to be protected at the POD.)						
<b>Instream Portion:</b> May not exceed the maximum rate/volume for the right (identified in Table 2). Use the table to illustrate the instream rate, volume and instream period by priority date, POD, Use and acreage as appropriate. If not enough room below, you may add rows (see instructions) or create a spreadsheet (clearly labeled and matching the below portion of Table 3) and attach.						
<b>Priority date</b>	<b>POD #</b>	<b>Use</b>	<b>Acres</b>	<b>Proposed Instream Period</b>	<b>Instream Rate (cfs)</b>	<b>Total instream volume (af)</b>
10/31/1900	11	Irrig	51.40	Season 1 Rate / Total Maximum Volume	0.353	280.16
10/31/1900	11	Irrig	51.40	Season 2 Rate	0.471	
10/31/1900	11	Irrig	51.40	Season 3 Rate	0.873	
OR <input type="checkbox"/> Please check this box if you are not sure of the proposed rate, volume and instream period. As part of its review process, the Department will identify the appropriate instream rate, volume and period considering the water right(s) being leased and instream benefits.						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <b>Conditions to avoid enlargement or injury to other water rights, if any, or other limitations:</b> list here <u>The instream flow will be allocated on a daily average basis up to the described rate from April 1 through October 26.</u>						
Note: The Department may identify additional conditions to prevent injury and/or enlargement.						
<b>Any additional information about the proposed instream use:</b> _____						





Oregon Water Resources Department  
 Central Oregon Irrigation District Calculator for Certificate 83571

- # Main
- Ⓜ Help
- Ⓜ Return
- Ⓜ Contact Us

Revised: 5/28/2016

This calculator is primarily designed to facilitate the calculation of how much water may be protected instream through instream leases and transfers. However, the calculator can also be used to determine the rate and duty associated with other transfers and cancellations. For questions regarding its use, please contact Laura Wilke at 503-986-0884.

Enter Total Number of Acres Involved from POD #1 (CO Canal)

Enter Total Number of Acres Involved from POD #11 (North Canal, also known as PB Canal)

Rate and duty for the acres by which the water right will be reduced by at the Point of Diversion (POD).

POD #1	October 31, 1900	December 2, 1907	Combined
Season 1 Rate (CFS)	0.000		
Season 2 Rate (CFS)	0.000		
Season 3 Rate (CFS)	0.000	0.000	0.000
Duty (AF)			0.00

POD #11	October 31, 1900	December 2, 1907	Combined
Season 1 Rate (CFS)	0.587		
Season 2 Rate (CFS)	0.800		
Season 3 Rate (CFS)	1.091	0.437	1.528
Duty (AF)			485.03

IL-16-15

ANSPACH	6.45
LAPP	32.80
LASH	0.75
SIMMONS	6.10
VANTAGE HOMES	2.80
WRIGHT	2.50
	51.40 ACRES

The transmission loss associated with this right is not transferable or protectable instream. The following tables show the amount of water that is protectable for instream leases and instream transfers, under the October 31, 1900 priority date. (Please contact the Department if you prefer to protect water instream under the combined October 31, 1900 and December 2, 1907 priority dates.) To prevent enlargement and injury, the instream use has been modified from the authorized season of April 1 through October 31, to April 1 through October 26.

From POD #11 to Lake Billy Chinook	
Season 1 Rate (CFS)	0.353
Season 2 Rate (CFS)	0.471
Season 3 Rate (CFS)	0.873
Maximum Volume (AF)	280.16

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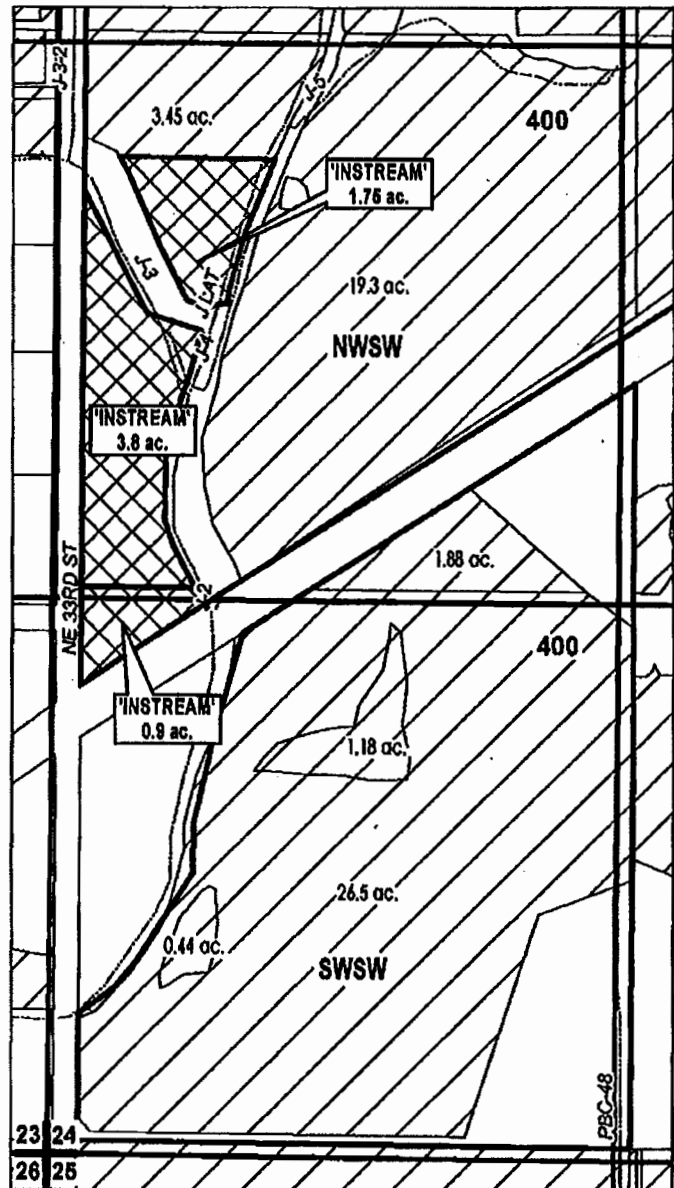
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# DESCHUTES COUNTY SEC.24 T14S R13E

SCALE - 1" = 400'





NW 1/4 OF THE SW 1/4; SW 1/4 OF THE SW 1/4



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-  EXISTING WATER RIGHTS
-  INSTREAM LANDS



## APPLICATION FOR 1 YEAR INSTREAM LEASE

NAME: JEFFERY & LINDA ANSPACH

TAXLOT #: 400

6.45 ACRES

DATE: 3/15/2016

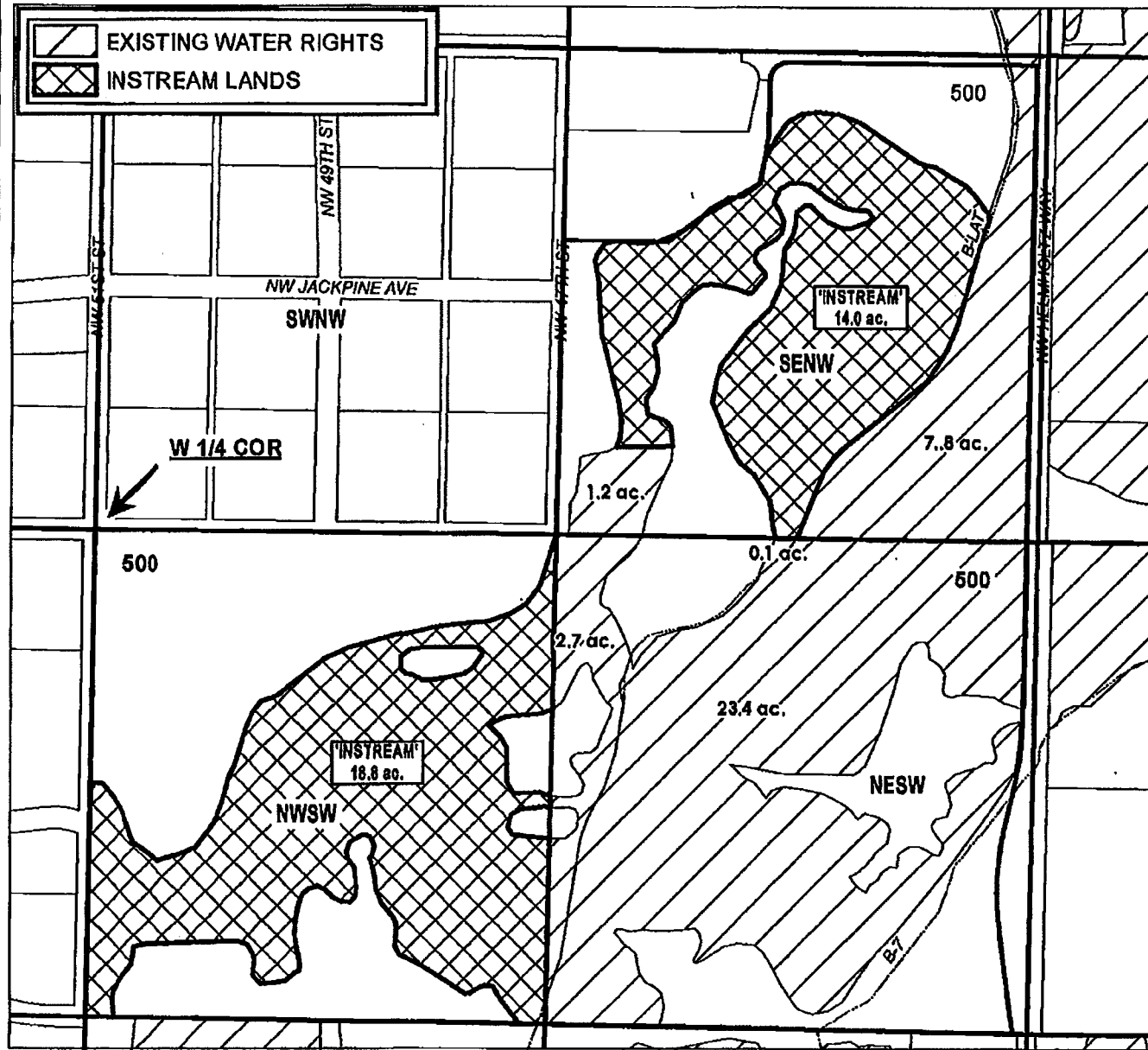
FILE: I:\TRANSFER\INSTREAM\INSTRM16UL-16-16141324\_VSW

# DESCHUTES COUNTY SEC.07 T15S R13E

SCALE - 1" = 400'



SE 1/4 OF THE NW 1/4; N 1/2 OF THE SW 1/4



## APPLICATION FOR 1 YEAR INSTREAM LEASE

NAME: CLAYTON & RONDA LAPP

TAXLOT #: 500

32.8 ACRES

Date: 3/16/2016

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MAR 25 2016

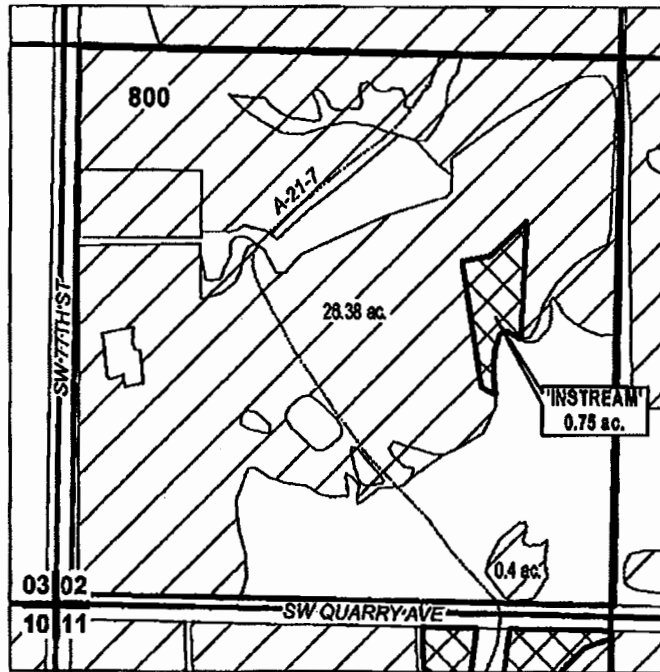
SALEM, OR

**DESCHUTES COUNTY  
SEC.02 T16S R12E**

SCALE - 1" = 400'



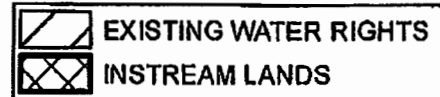
SW 1/4 OF THE SW 1/4



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MAR 9 5 2015

SALEM, OR



**APPLICATION FOR 1 YEAR INSTREAM LEASE**

**NAME: LAURA LASH**

**TAXLOT #: 800**

**0.75 ACRES**

DATE: 3/16/2016

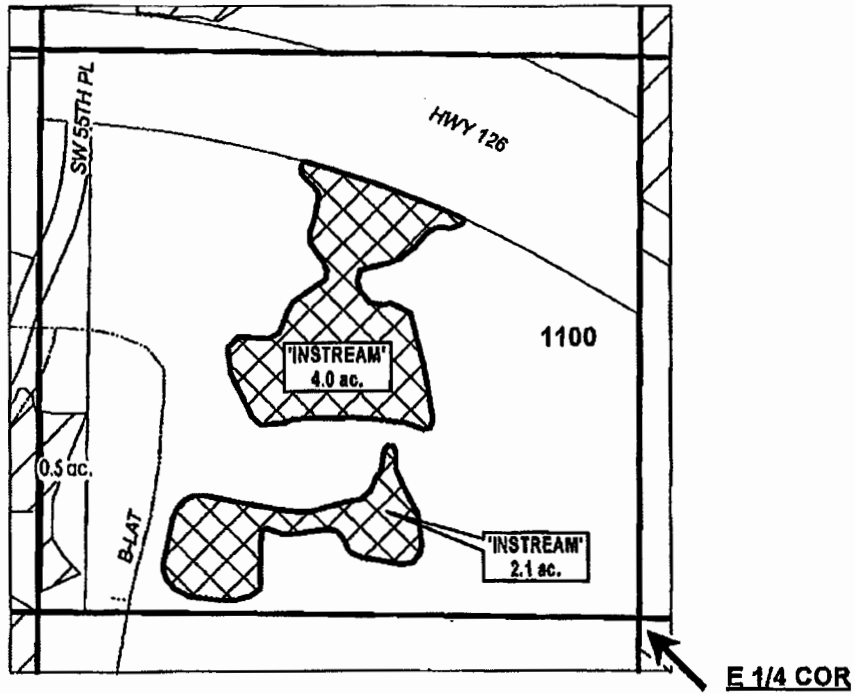
FILE: E:\TRANSFER\UNSTREAM\UNSTRM16\UL-16-16161202\_SWSW

**DESCHUTES COUNTY  
SEC.13 T15S R12E**

SCALE - 1" = 400'





**SE 1/4 OF THE NE 1/4**



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SALEM, OR

	EXISTING WATER RIGHTS
	INSTREAM LANDS



**APPLICATION FOR 1 YEAR INSTREAM LEASE**

**NAME: M. LINDSAY & JAYNE SIMMONS**

**TAXLOT #: 1100**

**6.1 ACRES**

DATE: 3/16/2016

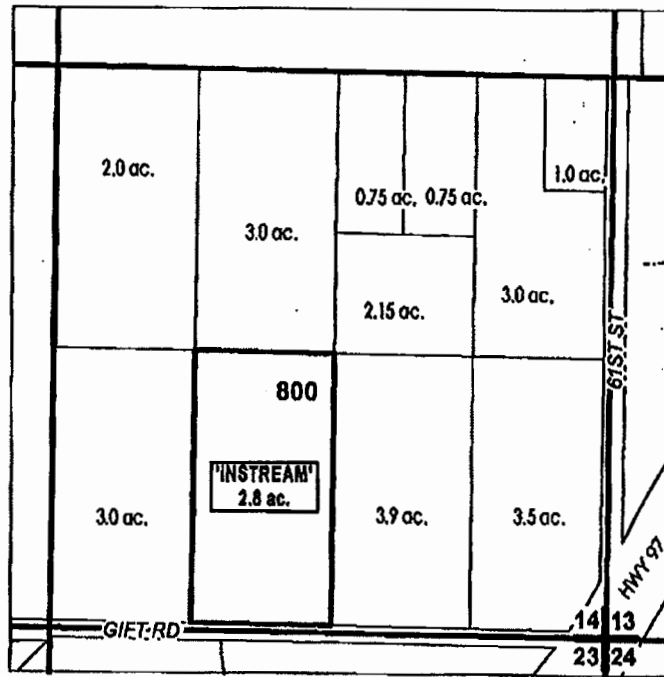
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**DESCHUTES COUNTY  
SEC.14 T16S R12E**

SCALE - 1" = 400'



SE 1/4 OF THE SE 1/4



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MAR 25 2016

SALEM, OR

# ac.	INSTREAM PARCELS
# ac.	PARCELS W/ WATER RIGHTS



**APPLICATION FOR 1 YEAR INSTREAM LEASE**

NAME: VANTAGE HOMES, LLC

TAXLOT #: 800

2.8 ACRES

DATE: 3/17/2016

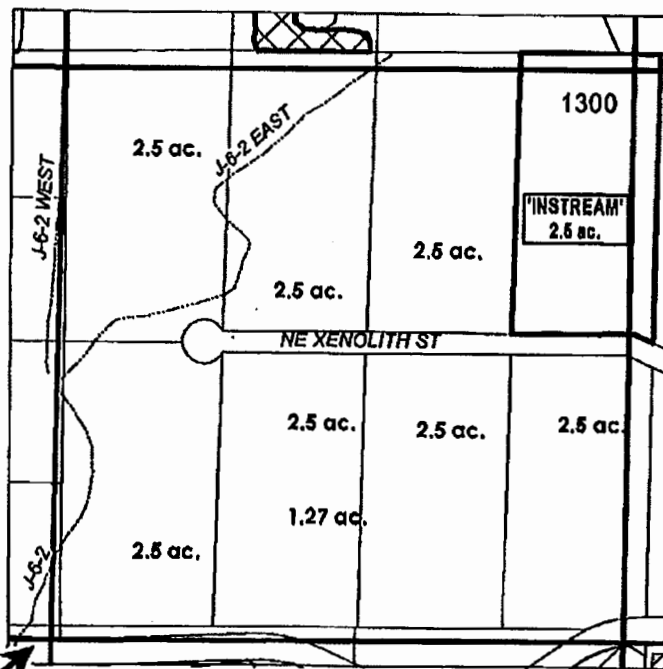
FILE: I:\TRANSFER\INSTREAM\INSTRM16UL-16-16161214\_SESE

DESCHUTES COUNTY  
SEC.13 T14S R13E

SCALE - 1" = 400'



SW 1/4 OF THE NW 1/4



W 1/4 COR

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SALEM, OR

# ac.	INSTREAM PARCELS
# ac.	PARCELS W/ WATER RIGHTS



APPLICATION FOR 1 YEAR INSTREAM LEASE

NAME: CAROL & SHERMAN WRIGHT

TAXLOT #: 1300

2.5 ACRES

Date: 3/17/2016

FILE: I:\TRANSFER\INSTREAM\NSTRM13\NL-16-16\141313\_SY\NW\_1300

Central Oregon Irrigation District			
IL-2016-15			
Water Right Changes for Instream Maps			
TRS	QQ	AC	OWRD #
141313	SWNW	0.50 ac. ON	T-10872
141313	SWNW	0.48 ac. ON	T-10872
141313	SWNW	0.29 ac. ON	T-10872
181214	SESE	1.30 ac. ON	T-10742
161214	SESE	0.15 ac. OFF	T-11703

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MAR 25 2016

SALEM, OR