

Amended



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

Application for  
**Allocation of Conserved Water**  
Part 1 of 4 – Minimum Requirements Checklist

**This application will be returned if Parts 1 through 4 and all required attachments are not completed and included.**  
For questions, please call (503) 986-0900, and ask for Allocation of Conserved Water Section.

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Applicant Information and Signature.
- Part 3 – Completed Water Right Information and Conservation Measures. Please include a separate Part 3 for each water right. List all water right certificates involved in this application here: **portion of 92540 (formerly 12518 and 12519)**.
- Part 4 – Completed Mitigation, Proposed Use, Project Schedule, Funding, and Fee Calculation.

**Attachments:**

- Fees – Amount enclosed: \$ \_\_\_\_\_ (From last page of application).
- Application Map. Must have sufficient detail to locate and describe the facilities and areas involved in the conservation measures. Must show the place of use where water is being used if the rate or duty are changing.
- Land Use Information Form with approval and signature. (Not required if 100% of Conserved Water is being transferred instream.) **or**  
Land Use Notice - Notice of the intent to create an instream water right must be provided to each affected county, city, municipal corporation, or tribal government along the proposed instream reach.
- N/A Completed Evidence of Use Affidavit and Supporting Documentation.
- N/A Affidavit(s) of Consent.
- N/A Letter of approval from Irrigation or Water Control District. For water rights served by or issued in the name of a District, this must be provided when the transfer applicant is not the District.
- N/A Irrigation or Water Control District's adopted policy on allocation of conserved water.
- N/A If construction of the project has begun or been completed and if more than 25 percent of the project costs have been expended before applying for allocation of conserved water, evidence that you have attempted to identify and resolve the concerns of water right holders in the area, governmental entities or other organizations who have asked to be consulted regarding the allocation of conserved water.
- N/A Evidence for Fee Waiver.
- N/A Notice of Completion.
- N/A Request for Finalization. (Entire project listed on the application must be complete. No partial finalization will be recognized.)

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## Part 2 of 4 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>JAY RODIGHIERO</b>			PHONE NO. 541-	ADDITIONAL CONTACT NO.
ADDRESS PO BOX 711			FAX NO.	
CITY MILTON-FREEWATER	STATE OR	ZIP 97862	E-MAIL	

The applicant is an irrigation district organized under ORS Chapter 545 or a water control district organized under ORS Chapter 553. The District's OAR 690-018-0025 allocation of conserved water policy was adopted: 2/13 / 2017.

**OR**

The applicant is the sole owner of the land on which the water right, or portion thereof, proposed for conservation measures is located?  Yes  No

If NO, include signatures of all landowners (and mailing address if different than the applicant's) or attach affidavits of consent (and mailing addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

LANDOWNER NAME			PHONE NO.
ADDRESS			
CITY	STATE	ZIP	E-MAIL

**Representative Information** – The person(s) listed below is/are authorized to represent the applicant in all matters relating to this application.

REPRESENTATIVE/BUSINESS NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS			FAX NO.	
CITY	STATE	ZIP	E-MAIL	

Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

I understand that I will be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: \_\_\_\_\_.

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



*Jay R. Rodighiero*  
Applicant signature

**Jay R. Rodighiero**  
Print Name (and Title if applicable)

4/19/18  
Date

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

\_\_\_\_\_  
Print Name (and Title if applicable)

\_\_\_\_\_  
Date

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**In your own words tell us what conservations measures you have made or propose to make and the reason for the change(s):** Piping of all open ditches from point of diversion to bulge then back to the river to eliminate seepage losses. Converted from flood irrigation to sprinkler irrigation.



To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction the conservation project and/or proposed instream reach will be located.

ENTITY NAME UMATILLA COUNTY, DEPT. OF LAND USE PLANNING	ADDRESS 216 SE 4TH STREET	
CITY PENDLETON	STATE OR	ZIP 97801

ENTITY NAME CONFEDERATED TRIBES OF UMATILLA INDIAN RESERVATION, DEPT OF NATURAL RESOURCES	ADDRESS 46411 TIMINE WAY	
CITY PENDLETON	STATE OR	ZIP 97801

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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## Part 3 of 4 – Water Right Information and Conservation Measures

Please use a separate Part 3 for **each** water right involved in the proposed allocation of conserved water.

### WATER RIGHT INFORMATION:

Water Right Subject to Transfer (check and complete **ONE** of the following):

<input checked="" type="checkbox"/> Certificated Right	92540 (formerly 12518 & 12519) <small>Certificate Number</small>	Walla Walla <small>Permit Number or Decree Name</small>
<input type="checkbox"/> Adjudicated, Un-certificated Right	_____ <small>Name of Decree</small>	_____ <small>Page Number</small>
<input type="checkbox"/> Permit for which Proof has been Approved	_____ <small>Permit Number</small>	_____ <small>Special Order Volume _____, Page _____</small>
<input type="checkbox"/> Transferred Right for which Proof has been Filed	_____ <small>Previous Certificate / Transfer Number</small>	_____ <small>Date Claim of Beneficial Use Submitted</small>

County: Umatilla

Describe the pre-project water delivery system. Include information on the diversion structure, pumps, and conveyance facilities (including canals, pipelines and sprinklers used to divert, convey and apply the water at the authorized place of use). *Provide sufficient detail for the Department to determine the system capacity.* Measured weir from West Ford Branch, Little Walla Walla River then weired into a bulge with piping for the outflow back into the West Ford Branch of the Little Walla Walla to insure no loss or waste of water.

### Table 1: Pre-Project Description

List: A) the maximum rate and annual duty (volume) of water that may be diverted **as stated on the water right of record**; and B) the maximum amount of water that can be diverted using the pre-project facilities (“**system capacity**”). If there are multiple priority dates on the water right, list the rate and duty associated with each priority date. *(If the water right is only limited by rate, do not list a duty, and conversely, if the water is only limited by duty, do not list a rate.)*

PRE-PROJECT DESCRIPTION										
			Column A Water Right of Record				Column B System Capacity			
			Rate		Duty		Rate		Duty	
Originating Water Right #	Priority	Acres	Maximum	CFS/AC	Maximum	AF/AC	Maximum	CFS/AC	Maximum	AF/AC
92540	1875	10.00	0.3750	0.0375			1.55	0.0375		
92540	1891	1.00	0.0375	0.0375						
92540	1901	1.00	0.0375	0.0375						
<b>Totals</b>		12.00	0.45				1.55			

*Note: 1 miner's inch = 1/40 cfs;      1 cfs = 448.8 gpm      1 cfs = 1.983471 ac-ft/day*

### CONSERVATION MEASURES:

Describe the type of conservation measures, check all that apply:

- On-Farm efficiency project
- Distribution project, such as a ditch piping or lining project
- Other: \_\_\_\_\_

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Describe the proposed changes to the physical system, operations and application methods that will result in the conservation of water. If these proposed changes will change the point of diversion, you must meet the ODFW fish screen and bypass requirements pursuant to ORS 540.525. Please include a description and details of how the estimate of water conserved was determined. Please provide sufficient detail for the Department to provide notice of the project.

**Place of Use Involved in Conservation Measures**

List only the part of the right that will be affected. If the entire right is being affected, just state "entire Certificate."

Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	Type of Use listed On Certificate	Priority Date		
2	S	9	E	15	NE	NW	153.0	100	EXAMPLE	1/1/1865	
6	N	35	E	35	NE	SW	600		10.00	IR, DO, LV	1875
6	N	35	E	35	NE	SW	600		1.00	IR	1891
6	N	35	E	35	NE	SW	600		1.00	IR	1901
<b>Total</b>								12.00			

\*-Season of Use is limited to use for the season between October 15 of each year and June 1 of the following year.

Are there other water right certificates, water use permits, ground water registrations, or uncertificated decreed rights associated with the above lands?  Yes  No. If YES, list the certificates, water use permits, ground water registrations, or uncertificated decreed numbers: \_\_\_\_\_

Is the project within the boundaries of an irrigation district or water control district?  Yes  No If YES, and applicant is not a District, you must provide a letter of approval from the District.

**Table 2: Conserved Water**

In Column A, list the smaller of A or B from Table 1 (Pre-Project Description). In Column B, list the amount of water that will be needed for the existing, authorized use(s) after implementing the conservation measures. In Column C, subtract Column B from Column A and enter the results (e.g., A – B = C). (If the water right is only limited by rate, do not list a duty; and conversely, if the water is only limited by duty, do not list a rate.)

		Conserved Water Description										
		Column A				Column B				Column C		
		Table 1 – Smaller of A or B				Needed				Conserved Water		
		Rate		Duty		Rate		Duty		Rate	Duty	
Priority	Acres	Maximum CFS	CFS/AC	Maximum AF	AF/AC	Maximum CFS	CFS/AC	Maximum AF	AF/AC	Maximum CFS	Maximum AF	AF/AC
1875	10.00	0.3750	0.0375	N/A		0.250	0.025	N/A		0.1250	N/A	
1891	1.00	0.0375	0.0375	N/A		0.025	0.025	N/A		0.0125	N/A	
1901	1.00	0.0375	0.0375	N/A		0.025	0.025	N/A		0.0125	N/A	
<b>Totals</b>	12.00	0.4500				0.300				0.1500		

\*-Season of Use is limited to use for the season between October 15 of each year and June 1 of the following year.

**Table 3: Allocation of Conserved Water**

List the portions of the conserved water that will be allocated to the state and applicant. Note: Column A plus Column B should total Column C (e.g., A + B = C).

Conserved Water Allocation								
Column A			Column B			Column C		
State's Portion			Applicant's Portion			Conserved Water		
Percentage*	Maximum Rate	Maximum Duty (Volume)	Percentage	Maximum Rate	Maximum Duty (Volume)	Percentage	Maximum Rate	Maximum Duty (Volume)
50%	0.075		50%	0.075		100%	0.150	

\* must be at least 25%

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The priority for the conserved water is requested to be:

- The same as the original right, or
- One minute junior to the original right.

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Part 4 of 4 – Mitigation, Proposed Use, Project Schedule, Funding, and Fee Calculation

MITIGATION:

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Describe any expected effects from the proposed allocation of conserved water on other water rights. Describe what currently happens to the water that is proposed to be conserved. The State's portion of the Conserved water is left in the Walla Walla River to benefit ESA listed fish species. The applicant's portion of conserved water is being used for irrigation on lands that formerly had a limited 1908 priority date.

Describe any mitigation or other measures that are planned to avoid harm to other water rights. None

PROPOSED USE:

[X] [ ] N/A For new out-of-stream uses, describe the intended use and boundaries of the expected area within which the diversion structures and places of use of the applicants' conserved water right will be located. This is land other than that to which this water right is appurtenant. Intended Use: Irrigation ; Boundaries: SW1/4 of Section 35, Township 6 North, Range 35 East, W.M..

[X] For instream uses to be created:

Table with 5 columns: Originating Water Right (as identified in Part 3), Priority Date, Source, Proposed Instream Period, Rate (cfs)\*. Rows include three entries for Little Walla Walla River with priority dates 1875, 1891, and 1901, and a Total row with a rate of 0.037.

\*Tip: To calculate rate (if other than the rate allowed by the right), divide the volume by the number of days in the period and then divide by 1.983471; or

To calculate volume, multiply the rate by the number of days in the instream period and then multiply by 1.983471.

Note: The instream rate may not exceed the maximum rate conserved and the total volume may not exceed to maximum volume or duty conserved (Table 3, Column C)

Location of the proposed instream water right.

[X] Water is requested to be protected within a reach. Location of the proposed reach (identify the extent of the reach): (e.g., from the upstream POD located at RM 50 to downstream location at the mouth at RM 44.5) protect the water instream in the Walla Walla River from the authorized POD at approx. RM 50 downstream to the mouth at approx. RM 44.5.

OR

[ ] Water is requested to be protected at a point at the following location (i.e. legal description of the point of diversion (POD)) \_\_\_\_\_

Public Use for which conserved water right should be managed under an instream right (check at least one box):

- [X] Conservation, maintenance and enhancement of aquatic and fish life, wildlife, fish and wildlife habitat, and other ecological values.
[ ] Recreation.
[ ] Pollution Abatement.

List any existing instream water rights at the same point or within the same requested reach(es):

- None.
- Instream Water Right Certificates: \_\_\_\_\_

Is it your intent to have the proposed instream water right transfer be additive to any instream water right established under ORS 537.348 (instream transfer application process) and ORS 537.470 (allocation of conserved water) and replace a portion of any instream water right established under ORS 537.341 (state agency application process) and ORS 537.346 (conversion of minimum perennial streamflows) with an earlier priority date?

- Yes
- No. If no, please explain your intent below:

Is the requested instream flow intended to exceed the estimated average natural flow or natural lake level occurring from the drainage system?

- No; **OR**
- Yes (Provide supporting documentation that demonstrates why additional flows are significant for the public use requested.); **OR**
- Yes, and it is presumed that flows that exceed the estimated average natural flow or natural lake levels are significant because:
  - The requested flow does not exceed the maximum amount of any instream water right applied for under ORS 537.338 (state agency instream water right application process); the requested public use is for the same public use; and the requested reach covers a portion or same reach as the state agency instream water right; **and**
  - The stream is in an ODFW flow restoration priority watershed during the requested instream period; **or**
  - The stream is listed as water quality limited by DEQ.

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**PROJECT SCHEDULE:**

- N/A For a project that has **not** been completed, please provide the dates on which the applicant intends to do the following:

Begin Construction	Complete Construction and File Notice of Completion	Request that Entire Conserved Water Allocation be Finalized
Date:	Date:	*Date:

*\* Must be within 5 years from the date of filing the Notice of Completion.*

**Note:** If construction of the project has begun or has been completed, and if more than 25 percent of the project costs have been expended before submitting this application, you must submit evidence that you have attempted to identify and resolve the concerns of water right holders in the area, governmental entities or other organization who have asked to be consulted regarding the allocation of conserved water.

- N/A For a project that has been completed, provide the dates when the conservation measures were implemented and the date by which the applicant intends to request the allocation be finalized. Complete and attach Notice of Completion form.

Conservation Measures Were Implemented	Request that Entire Conserved Water Allocation be Finalized
*Date: July 1996	**Date: April 2001

*\* Must be within 5 years prior to the date of filing this application.*

*\*\* Must be within 5 years from the date of filing this Application and Notice of Completion.*



**FUNDING**

N/A Federal or state public funds that are not subject to repayment are to be used for the project. Refer to OAR 690-018-0040(18)(a)-(d) for further information in completing this section.

- Source of Funding:  Federal: \_\_\_\_\_  State: \_\_\_\_\_
- Total cost for project engineering \$ \_\_\_\_\_  
Total cost for construction \$ \_\_\_\_\_
- The present value of any incremental changes in the cost of operations and maintenance that are directly attributable to the project that would not be incurred or realized in the absences of the project is \$ \_\_\_\_\_.
- The amount of funding and the value of any in-kind contributions for project engineering and construction and for any incremental changes in the costs of operations and maintenance to be provided from federal or state public funds that are not subject to repayment is \$ \_\_\_\_\_.
- The amount of funding and the value of any in-kind contributions for project engineering and construction and for any incremental change since costs of operations and maintenance to be provided from other funds is \$ \_\_\_\_\_.

N/A Enter the percentage from Table 3, Column B (Applicant's Portion of Conserved Water) \_\_\_\_\_%. If this is more than 25%, what portion of project funds (expressed as a percentage) come from federal or state public sources? \_\_\_\_\_%

N/A The Oregon Watershed Enhancement Board (OWEB) have a contractual interest in this project. The OWEB project number is \_\_\_\_\_.

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**FEE CALCULATION**

Fee Schedule – ORS 536.050 <a href="http://www.oregon.gov/owrd/pubs/docs/forms/fee_schedule_4_2012.pdf">http://www.oregon.gov/owrd/pubs/docs/forms/fee_schedule_4_2012.pdf</a>	
\$1,160.00 - Base (1 <sup>st</sup> Water Right)	Add \$410.00 for each additional right
$\$1,160 + (\text{ } \times \$350) = \text{Total Fee } \$410$	

Fee Waiver Worksheet	
To qualify for a waiver of up to 50%, you must provide evidence to establish your application meets the following criteria:	
<input type="checkbox"/>	(a) Will be converted to an instream right pursuant to ORS 537.348; <b>or</b>
<input type="checkbox"/>	(b) Is necessary to complete a project funded under ORS 541.375 (OWEB); <b>or</b>
<input type="checkbox"/>	(c) Is approved by the Oregon Department of Fish and Wildlife as a project that will result in a net benefit to fish and wildlife habitat. See OAR 690-018-0040(25).
If the project meets one of the above standards, use the following formula to calculate the fees:	
<input type="checkbox"/>	(d) Enter Percentage from Table 3, Column A = _____%
<input type="checkbox"/>	(e) Deduct 25% from percentage in (d) above = _____%
<input type="checkbox"/>	(f) Enter the lesser of (e) above or 50% _____
<input type="checkbox"/>	(g) Total Fee x % waived (f) = Fee Waiver \$ _____*
<i>Example: (d) = 100% - 25% (e) = 75% (max 50% waived) = Fee x 50% = Fee Waiver</i>	
<b>Total Fee \$ _____ – Fee Waiver (g) \$ _____ = Amount Due \$ _____</b>	



# CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

370172  
I.D. TAG NO.  
**448**  
Local File Number

136- State File Number

**DECEDENT**

1

2

3

4

5

6

**PARENTS**

**DISPOSITION**

7

8

9

**REGISTRAR**

10

11

**CERTIFIER**

12

13

**CAUSE OF DEATH**

14

15

16

17

1. DECEDENT'S NAME First: <b>Betty</b> Middle: <b>L.</b> Last: <b>ANSPACH</b>			2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>Nov 20, 2003</b>	
4. SOCIAL SECURITY NUMBER <b>541-24-6608</b>	5a. AGE-Last Birthday (Years) <b>77</b>	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Eureka, CA</b>	7. DATE OF BIRTH (Month, Day, Year) <b>Sept 28, 1926</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>83926 Hwy 339</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Milton-Freewater</b>		9d. COUNTY OF DEATH <b>Umatilla</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Homemaker</b>	10b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	12. SPOUSE (If Married, Widowed) <b>Tillman P. Anspach</b>		
13a. RESIDENCE - STATE <b>Oregon</b>	13b. COUNTY <b>Umatilla</b>	13c. CITY, TOWN OR LOCATION <b>Milton-Freewater</b>	13d. STREET AND NUMBER <b>83926 Hwy 339</b>		
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <b>97862</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)	
17. FATHER - NAME first middle last <b>-</b>		18. MOTHER - NAME first middle maiden <b>-</b>		19. INFORMANT - NAME and relationship to deceased <b>Vern Rodighiero-Friend</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Colonial-DeWitt Crematory</b>		20c. LOCATION - City or Town, State <b>Walla Walla, Washington</b>	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Cherise Ashby</i>		21b. OREGON LICENSE NO. (Of Licensee) <b>3448</b>	22. NAME, ADDRESS AND ZIP OF FACILITY. <b>Munselle-Rhodes Funeral Home, 902 S. Main, Milton-Freewater, OR 97862</b>		
23. DATE FILED (Month, Day, Year) <b>DEC 02 2003</b>		24. REGISTRAR'S SIGNATURE <i>Shelley Johnson</i>			

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TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <b>10:28 P. M</b>	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH <b>M</b>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>William E. Ashby</i>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
30. DATE SIGNED (Month, Day, Year) <b>11-25-2003</b>		33. DATE SIGNED (Month, Day, Year) _____	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>William E. Ashby, MD FACP, 1017 S. 2nd Ste 4, Walla</b>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

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36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) - Do not enter more than one cause)				Interval between onset and death
PART I (a) <b>Acute myocardial infarct</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>death</b>
PART I (b) <b>Coronary artery disease</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>death</b>
PART I (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>COPD, atrial fibrillation, hypertension</b>				<b>death</b>
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE UMATILLA COUNTY REGISTRAR.

DATE ISSUED: **DEC 02 2003**


THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



STATE OF OREGON  
1859

*Shelley Johnson*

SHELLEY JOHNSON  
COUNTY REGISTRAR  
UMATILLA COUNTY, OREGON



HEALTH DEPARTMENT  
UMATILLA COUNTY, OREGON



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DEED OF PERSONAL REPRESENTATIVE

Vernon Rodighiero, Personal Representative of the Estate of Betty Anspach, conveys and warrants to Vernon Rodighiero and Penny Rodighiero, Husband and Wife, Grantees, the following described real property, free of encumbrances created or suffered by the Grantors, except as specifically set forth herein, located in Umatilla County, OREGON:

See Exhibit "A" attached hereto and by such reference made a part hereof

The true and actual consideration for this conveyance is None and the Distribution of the Betty Anspach Estate, Circuit Court, Umatilla County, Oregon Case No. PR 03-0201

THIS INSTRUMENT WILL 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 APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

DATED: November 5<sup>th</sup>, 2004.

[Signature]
Vernon Rodighiero, Personal Representative of the Estate Of Betty Anspach, Grantor

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NOV 22 2004

UMATILLA COUNTY RECORDS

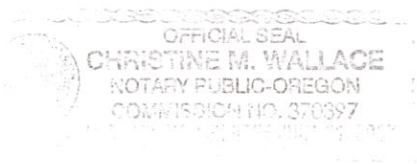
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APR 23 2018

OWRD

STATE OF OREGON )
) ss.
COUNTY OF UMATILLA )

Personally appeared the above-named Vernon Rodighiero and acknowledged the foregoing to be his voluntary act. Before me:



[Signature]
Notary Public for Oregon
My Commission expires:

All tax statements should be sent to the following address:
Vernon and Penny Rodighiero
P.O. Box 226
Milton-Freewater, Oregon

After recording, return to:
Christine M. Wallace
287 N. Columbia
Milton-Freewater, Ore.
97862



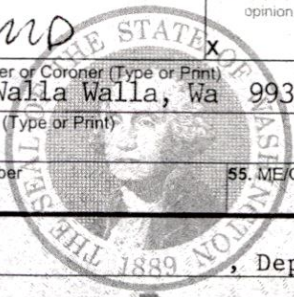
# STATE OF WASHINGTON DEPARTMENT OF HEALTH

2014-6220288 2 of 3

Washington State Certificate of Death

1. Legal Name (include AKA's if any) First Middle LAST		2. Death Date	
Penelope Lee Rodighiero		May 31, 2011	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day
Female	70	Months	Hours
5. Social Security Number		6. County of Death	
570-48-0452		Walla Walla	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
Oct 18, 1940	Portland	Oregon	Some college credit, but no degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)	
No		White	
12. Was Decedent ever in U.S. Armed Forces?		13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)	
No		83903 N. Main	
13b. City or Town		13c. Residence: County	
Milton-Freewater		Umatilla	
13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	
		Oregon	
13f. Zip Code + 4		13g. Inside City Limits?	
97862		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
31 years	Married	Vernon Rodighiero	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))		18. Kind of Business/Industry (Do not use Company Name)	
Farmer/Kennel		Agriculture/Pet boarding and grooming	
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)	
William E. Menges		Gail Kane Wilson	
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip	
Vernon Rodighiero	Husband	P.O. Box 226, Milton-Freewater, OR 97862	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			
25. Facility Name (If not a facility, give number & street or location) Providence St. Mary Medical Center			
26a. City, Town, or Location of Death		26b. State	27. Zip Code
Walla Walla		WA	99362
28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State
Cre/Rm fm State	Professional Crematory		Walla Walla, Washington
31. Name and Complete Address of Funeral Facility			32. Date of Disposition
Munselle-Rhodes Funeral Home, 902 S. Main, Milton-Freewater, OR 97862			June 1, 2011
33. Funeral Director Signature X			

34. Cause of Death (See instructions and examples)			
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pneumonia, viral	Interval between Onset & Death	1 week
Due to (or as a consequence of):		Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	Interval between Onset & Death	
Due to (or as a consequence of):		Interval between Onset & Death	
	c.	Interval between Onset & Death	
Due to (or as a consequence of):		Interval between Onset & Death	
	d.	Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
COPD		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death	39. If female		40. Did tobacco use contribute to death?
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street: Apt No.			
City or Town: County: State: Zip Code + 4:			
46. Describe how injury occurred			47. If transportation injury, specify:
			<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
X Bruce E. Barga MD		X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	
Bruce E. Barga, MD, 380 Chase, Walla Walla, Wa 99362		1755	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY)	
		06/01/2011	
53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	24378		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature		58. Date Received (MM/DD/YYYY)	
X [Signature]		JUN 01 2011	
59. Amendments			





4E  
3

Umatilla County  
Received: 4/13/2015

  
2015-6280261 1 of 3

**BARGAIN AND SALE DEED**

  
1027901

**Vernon R. Rodighiero**, Grantor, conveys to **Jay R. Rodighiero**, Grantee, all that property situated in Umatilla County, Oregon, described as follows:

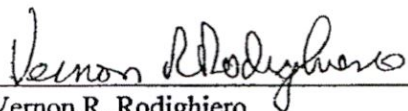
See Exhibit "A"

The true and actual consideration for this transfer is \$ Gift.

The foregoing recital is true as I believe.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. 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 ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

DATED: April 9<sup>th</sup>, 2015.

  
\_\_\_\_\_  
Vernon R. Rodighiero

After recording return to:  
Christine M. Wallace  
Attorney at Law  
801 South Main  
Milton-Freewater, OR 97862

Mail tax statement to Grantee(s)  
Jay R. Rodighiero  
PO Box 775  
Milton-Freewater, OR 97862

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2015-6280261 2 of 3

STATE OF OREGON )  
 )ss.  
COUNTY OF UMATILLA )

Personally appeared the above-named Vernon R. Rodighiero and acknowledged the foregoing to be his voluntary act. Before me:

*Christine M Wallace*  
Notary Public for Oregon



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2015-6280261 3 of 3

Exhibit "A"

Beginning at the Northwest corner of the Southeast Quarter of the Southwest Quarter of Section 35, in Township 6 North, Range 35, East of the Willamette Meridian; running thence North on the West line of the Northeast Quarter of the Southwest Quarter 50 rods; thence at right angles easterly 80 rods; thence at right angles southerly 50 rods; thence at right angles westerly 80 rods to the point of beginning.

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State of Oregon  
County of Umatilla



Instrument received  
and recorded on  
4/13/2015 1:55:59 PM

in the record of instrument  
code type DE

Instrument number 2015-6280261  
Fee \$64.00

Office of County Records

*Steve Churchill*

Records Officer  
1027901 P3

*ANSPACK*

Vesting: Jay R. Rodighiero

(Map No. 6N-35-35C, Tax Lot 500)

Parcel 1, PARTITION PLAT NO. 1994-08 (Instrument No. 1994-192167, Office of Umatilla County Records) located in the Northeast Quarter of the Southwest Quarter of Section 35, Township 6 North, Range 35, East of the Willamette Meridian, Umatilla County, Oregon;

Excepting therefrom that tract of land being described as commencing at the Southwest corner of the Northeast Quarter of the Southwest Quarter of said Section 35; thence North 00°59'11" East along the West line of the Northeast Quarter of the Southwest Quarter of said Section 35, a distance of 825 feet; thence North 89°49'37" East, a distance of 1,202.91 feet; thence North 89°49'37" East, a distance of 90 feet to a point on the West right-of-way line of Old Milton Highway; thence South 00°51'56" West along the West right-of-way line of said Highway, a distance of 282 feet; thence South 89°49'37" West, a distance of 182 feet; thence North 00°51'56" East, a distance of 108 feet; thence North 89°49'37" East, a distance of 77 feet to the True Point of Beginning for this description; thence North 00°51'56" East, a distance of 90 feet; thence North 89°49'37" East, a distance of 15 feet; thence South 00°51'56" West, a distance of 90 feet; thence South 89°49'37" West, a distance of 15 feet to the point of beginning;

Also excepting therefrom any portion lying within the Highway right-of-way.

Vesting: Jay R. Rodighiero, Victor Randall Dodd and Gay Lee Dodd

(Map No. 6N-35-35C, Tax Lot 501)

Parcel 2, PARTITION PLAT NO. 1994-08 (Instrument No. 1994-192167, Office of Umatilla County Records) located in the Northeast Quarter of the Southwest Quarter of Section 35, Township 6 North, Range 35, East of the Willamette Meridian, Umatilla County, Oregon;

Also including that portion of Parcel 1, said PARTITION PLAT NO. 1994-08 being described as commencing at the Southwest corner of the Northeast Quarter of the Southwest Quarter of said Section 35; thence North 00°59'11" East along the West line of the Northeast Quarter of the Southwest Quarter of said Section 35, a distance of 825 feet; thence North 89°49'37" East, a distance of 1,202.91 feet; thence North 89°49'37" East, a distance of 90 feet to a point on the West right-of-way line of Old Milton Highway; thence South 00°51'56" West along the West right-of-way line of said Highway, a distance of 282 feet; thence South 89°49'37" West, a distance of 182 feet; thence North 00°51'56" East, a distance of 108 feet; thence North 89°49'37" East, a distance of 77 feet to the True Point of Beginning for this description; thence North 00°51'56" East, a distance of 90 feet; thence North 89°49'37" East, a distance of 15 feet; thence South 00°51'56" West, a distance of 90 feet; thence South 89°49'37" West, a distance of 15 feet to the point of beginning;

Excepting therefrom any portion lying within the Highway right-of-way.

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APR 23 2018

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