

**Application for Water Right
Temporary or Drought Temporary Transfer
Part 1 of 5 – Minimum Requirements Checklist**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

This temporary transfer 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.

Received
Received
JUN 18 2024
Received
MAY 28 2024
MAY 13 2024
OWRD
OWRD

FOR ALL TEMPORARY TRANSFER APPLICATIONS

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

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Temporary Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the online fee calculator at:
http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator.
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Transferred Water Rights: **How many water rights are to be transferred? 1 List them here: 42339**
Please include a separate Part 5 for each water right. (See instructions on page 6)
- N/A For standard Temporary Transfer (one to five years) **Begin Year: 2024 End Year: 2028.**
- N/A Temporary Drought Transfer (Only in counties where the Governor has declared drought)

Attachments:

- Completed Temporary Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- Current recorded deed for the land **from** which the authorized place of use is temporarily being moved.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land upon which the water right is located.)
- N/A Supplemental Form D – For water rights served by or issued in the name of a district. Complete when the temporary transfer applicant is not the district.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation (if necessary to convey water to the proposed place of use).

(For Staff Use Only)
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

___ Application fee not enclosed/insufficient ___ Map not included or incomplete
 ___ Land Use Form not enclosed or incomplete
 ___ Additional signature(s) required ___ Part ___ is incomplete

Other/Explanation _____
 Staff: _____ Phone: _____ Date: ___/___/___

Part 2 of 5 – Temporary Transfer Application Map Checklist

Your temporary transfer application will be returned if any of the map requirements listed below are not met.

Please be sure that the temporary transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- 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, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated); 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.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed temporary place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s) to convey water to the new temporary place of use, show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32’15.5”) or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

| | | | |
|--|--------------------|------------------------------------|---|
| APPLICANT/BUSINESS NAME Pollock & Son, Inc c/o Bryce Pollock | | PHONE NO. (541) 720-1781 | ADDITIONAL CONTACT NO. |
| ADDRESS 78691 AGNEW ROAD | | | FAX NO. |
| CITY HERMISTON | STATE OR | ZIP 97838 | E-MAIL 'BRYCE POLLOCK' <BRYCEPOLLOCK16@GMAIL.COM> |
| 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. | | | |

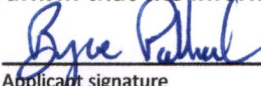

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

| | | | |
|--|--------------------|------------------------------------|-------------------------------------|
| AGENT/BUSINESS NAME WILLIAM PORFILY | | PHONE NO. (541) 561-7259 | ADDITIONAL CONTACT NO. |
| ADDRESS P.O. BOX 643 | | | FAX NO. |
| CITY STANFIELD | STATE OR | ZIP 97875 | E-MAIL WPORFILY@GMAIL.COM |
| 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. | | | |

Explain in your own words what you propose to accomplish with this transfer application and why:
We would like to add an additional point of diversion to Certificate 42339 because the authorized existing well has become somewhat unreliable.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

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

| | | |
|--|---|-------------------------|
|  Applicant signature | Bryce Pollock Print Name (and Title if applicable) | <u>05-02-24</u> Date |
|  Applicant signature | KRISTINE J. McCULLOUGH Print Name (and Title if applicable) | <u>05-02-24</u> Date |

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

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

Received
JUN 18 2024
OWRD

Received
MAY 28 2024
OWRD

Received
MAY 13 2024
OWRD

Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (NOTE: If this box is checked, you must complete and attach Supplemental Form D.)

| | | |
|--|--------------------------------|--------------------------|
| DISTRICT NAME WESTLAND IRRIGATION DISTRICT | ADDRESS P.O. BOX 944 | |
| CITY HERMISTON | STATE OR | CITY HERMISTON |

Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

| | | |
|-------------|---------|-----|
| ENTITY NAME | ADDRESS | |
| CITY | STATE | ZIP |



To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed and/or used.

| | | |
|---------------------------------------|--------------------------------|--------------------------|
| ENTITY NAME UMATILLA COUNTY | ADDRESS 216 S.E. 4TH | |
| CITY Pendleton | STATE OR | CITY Pendleton |

| | | |
|-------------|---------|-----|
| ENTITY NAME | ADDRESS | |
| CITY | STATE | ZIP |

Received
JUN 18 2024
OWRD

Received
MAY 28 2024
OWRD

Received
MAY 13 2024
OWRD

14484 -

Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 42339

Description of Water Delivery System

System capacity: .21 cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. [See Application Map](#)

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)
 (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

| POD/POA Name or Number | Is this POD/POA Authorized on the Certificate or is it Proposed? | If POA, OWRD Well Log ID# (or Well ID Tag # L-___) | Twp | | Rng | | Sec | ¼ ¼ | | Tax Lot, DLC or Gov't Lot | Measured Distances (from a recognized survey corner) |
|------------------------|---|--|-----|---|-----|---|-----|-----|----|---------------------------|--|
| | | | | | | | | | | | |
| Well | <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed | UMAT 56576 | 4 | N | 28 | E | 20 | SE | NW | 500 | 310 ft N. and 850 ft E from SW cor SE ¼ NW ¼ of sec 20 |
| Well 1 | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | UMAT 2414 | 4 | N | 28 | E | 20 | NW | NW | 600 | 1260 ft S. and 60 Ft E. from NW corner of sec 20 |
| | <input type="checkbox"/> Authorized <input type="checkbox"/> Proposed | | | | | | | | | | |
| | <input type="checkbox"/> Authorized <input type="checkbox"/> Proposed | | | | | | | | | | |

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

Received

14484 -

JUN 18 2024

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # [42339](#)

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

| AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed. | | | | | | | | | | | Proposed Changes (see "CODES" from previous page) | PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made. | | | | | | | | | | | | |
|--|-----|-----|---|----|---------|----------------------|-------|--|--|---------------|---|---|--------------|-----|----|---|---------|----------------------|-------|--------------------|--|---------------|------------------|-----------|
| Twp | Rng | Sec | ¼ | ¼ | Tax Lot | Gvt Lot or DLC | Acres | Type of USE listed on Certificat e | POD(s) or POA(s) (name or number from Table 1) | Priority Date | | Twp | Rng | Sec | ¼ | ¼ | Tax Lot | Gvt Lot or DLC | Acres | New Type of USE | POD(s)/ POA(s) to be used (from Table 1) | Priority Date | | |
| 4 | N | 28 | E | 20 | SE | NW | | 16.4 | IRR | WELL | 3/28/1968 | POU/ APOA | 4 | N | 28 | E | 20 | SW | NW | | 16.4 | IRR | Well & WELL 1 | 3/28/1968 |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ACRES: | | | | | | | 16.4 | | | | | | TOTAL ACRES: | | | | | | | 16.4 | | | | |

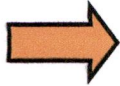
Additional remarks: [Currently the applicant has been leasing this land for multiple years.](#)

Received
JUN 18 2024
OWRD

For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? Yes No

If YES, list the certificate, water use permit, or ground water registration numbers:.



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

Received Received
JUN 18 2024 MAY 28 2024

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

OWRD OWRD

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

- Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at:

http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

- Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

| Proposed or Authorized POA Name or Number | Is well already built? (Yes or No) | If an existing well: OWRD Well ID Tag No. L-_____ | Total well depth | Casing Diameter | Casing Intervals (feet) | Seal depth(s) (intervals) | Perforated or screened intervals (in feet) | Static water level of completed well (in feet) | Source aquifer (sand, gravel, basalt, etc.) | Well -specific rate (cfs or gpm). If less than full rate of water right |
|---|------------------------------------|---|-------------------------------|-----------------|-------------------------|---------------------------|--|--|---|---|
| | | | PLEASE SEE ATTACHED WELL LOGS | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 46930

Description of Water Delivery System

System capacity: 1.0 cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. [See Application Map](#)

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

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

| POD/POA Name or Number | Is this POD/POA Authorized on the Certificate or is it Proposed? | If POA, OWRD Well Log ID# (or Well ID Tag # L-___) | Twp | | Rng | | Sec | ¼ ¼ | | Tax Lot, DLC or Gov't Lot | Measured Distances (from a recognized survey corner) |
|------------------------|---|--|-----|---|-----|---|-----|-----|----|---------------------------|--|
| | | | | | | | | | | | |
| Well 1 | <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed | UMAT 2414 | 4 | N | 28 | E | 20 | NW | NW | 600 | 1260 ft S. and 60 Ft E. from NW corner of sec 20 |
| Well | <input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed | UMAT 56576 | 4 | N | 28 | E | 20 | SE | NW | 500 | 310 ft N. and 850 ft E from SW cor SE ¼ NW ¼ of sec 20 |
| | <input type="checkbox"/> Authorized <input type="checkbox"/> Proposed | | | | | | | | | | |

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

Received

JUN 18 2024

Received

MAY 28 2024

OWRD

OWRD

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 46930

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

| AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed. | | | | | | | | | | | Proposed Changes (see "CODES" from previous page) | PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made. | | | | | | | | | | | | |
|--|-----|-----|---|----|---------|----------------------|-------|--|--|---------------|---|---|--------------|-----|---|----|---------|----------------------|-------|--------------------|--|---------------|--|--|
| Twp | Rng | Sec | ¼ | ¼ | Tax Lot | Gvt Lot or DLC | Acres | Type of USE listed on Certificat e | POD(s) or POA(s) (name or number from Table 1) | Priority Date | | Twp | Rng | Sec | ¼ | ¼ | Tax Lot | Gvt Lot or DLC | Acres | New Type of USE | POD(s)/ POA(s) to be used (from Table 1) | Priority Date | | |
| 4 | N | 28 | E | 20 | SW | NW | 16.4 | IRR | WELL 1 | 3/01/1972 | POU/ APOA | 4 | N | 28 | E | 20 | SE | NW | 16.4 | IRR | WELL & WELL 1 | 3/01/1972 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ACRES: | | | | | | | 16.4 | | | | | | TOTAL ACRES: | | | | | | | 16.4 | | | | |

Additional remarks: Currently the applicant has been leasing this land for multiple years.

Received
JUN 18 2024
OWRD

Received
MAY 28 2024
OWRD

For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? Yes No

If YES, list the certificate, water use permit, or ground water registration numbers:_____



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

For a change from Supplemental Irrigation Use to Primary Irrigation Use

Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at:

http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

| Proposed or Authorized POA Name or Number | Is well already built? (Yes or No) | If an existing well: OWRD Well ID Tag No. L-____ | Total well depth | Casing Diameter | Casing Intervals (feet) | Seal depth(s) (intervals) | Perforated or screened intervals (in feet) | Static water level of completed well (in feet) | Source aquifer (sand, gravel, basalt, etc.) | Well -specific rate (cfs or gpm). If less than full rate of water right |
|---|------------------------------------|--|-------------------------------|-----------------|-------------------------|---------------------------|--|--|---|---|
| | | | PLEASE SEE ATTACHED WELL LOGS | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Received
JUN 18 2024

Received
MAY 28 2024

14484 -

OWRD

OWRD

Application for Water Right Transfer

Evidence of Use Affidavit



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

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing.
 Supporting documentation must be attached.

State of Oregon)
) ss
 County of UMATILLA)

I, POLLOCK & SONS C/O BRYCE POLLOCK, in my capacity as OWNER,

mailing address 78691 AGNEW RD HERMISTON, OR 97838

telephone number (541)720-1781, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation Professional expertise

Received
 JUN 18 2024

2. I attest that:

- Water was used during the previous five years on the **entire** place of use for Certificate # 42339 & 46930; **OR**

OWRD

- My knowledge is specific to the use of water at the following locations within the last five years:

| Certificate # | Township | Range | Mer | Sec | ¼ ¼ | Gov't Lot or DLC | Acres (if applicable) |
|---------------|----------|-------|-----|-----|-----|------------------|-----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- OR**
- Confirming Certificate # _____ has been issued within the past five years; **OR**
 - Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: _____ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
 - The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
 - Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # _____ (For Historic POD/POA Transfers)

(continues on reverse side)

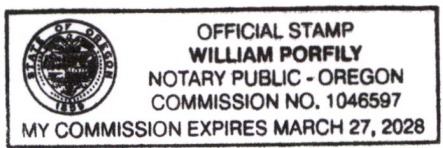
3. The water right was used for: (e.g., crops, pasture, etc.): IRRIGATION

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

[Signature]
Signature of Affiant

05-02-24
Date

Signed and sworn to (or affirmed) before me this 02 day of May, 2024.



[Signature]
Notary Public for Oregon
My Commission Expires: 03-27-28

| Supporting Documents | Examples |
|--|---|
| <input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate) | Copy of confirming water right certificate that shows issue date |
| <input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water | <ul style="list-style-type: none"> ● Power usage records for pumps associated with irrigation use ● Fertilizer or seed bills related to irrigated crops ● Farmers Co-op sales receipt |
| <input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers | <ul style="list-style-type: none"> ● District assessment records for water delivered ● Crop reports submitted under a federal loan agreement ● Beneficial use reports from district ● IRS Farm Usage Deduction Report ● Agricultural Stabilization Plan ● CREP Report |
| <input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph <u>Google Earth Aerial photo taken in April of 2021</u> | <p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com</p> <p style="text-align: right;">Received MAY 28 2024 OWRD</p> |
| <input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years | <p>Copy of instream lease or lease number</p> <p style="text-align: right;">Received JUN 18 2024 OWRD</p> <p style="text-align: right;">Received MAY 13 2024 OWRD TACS</p> |

Evidence Of Use

April, 2021

4/2021

Umatilla River

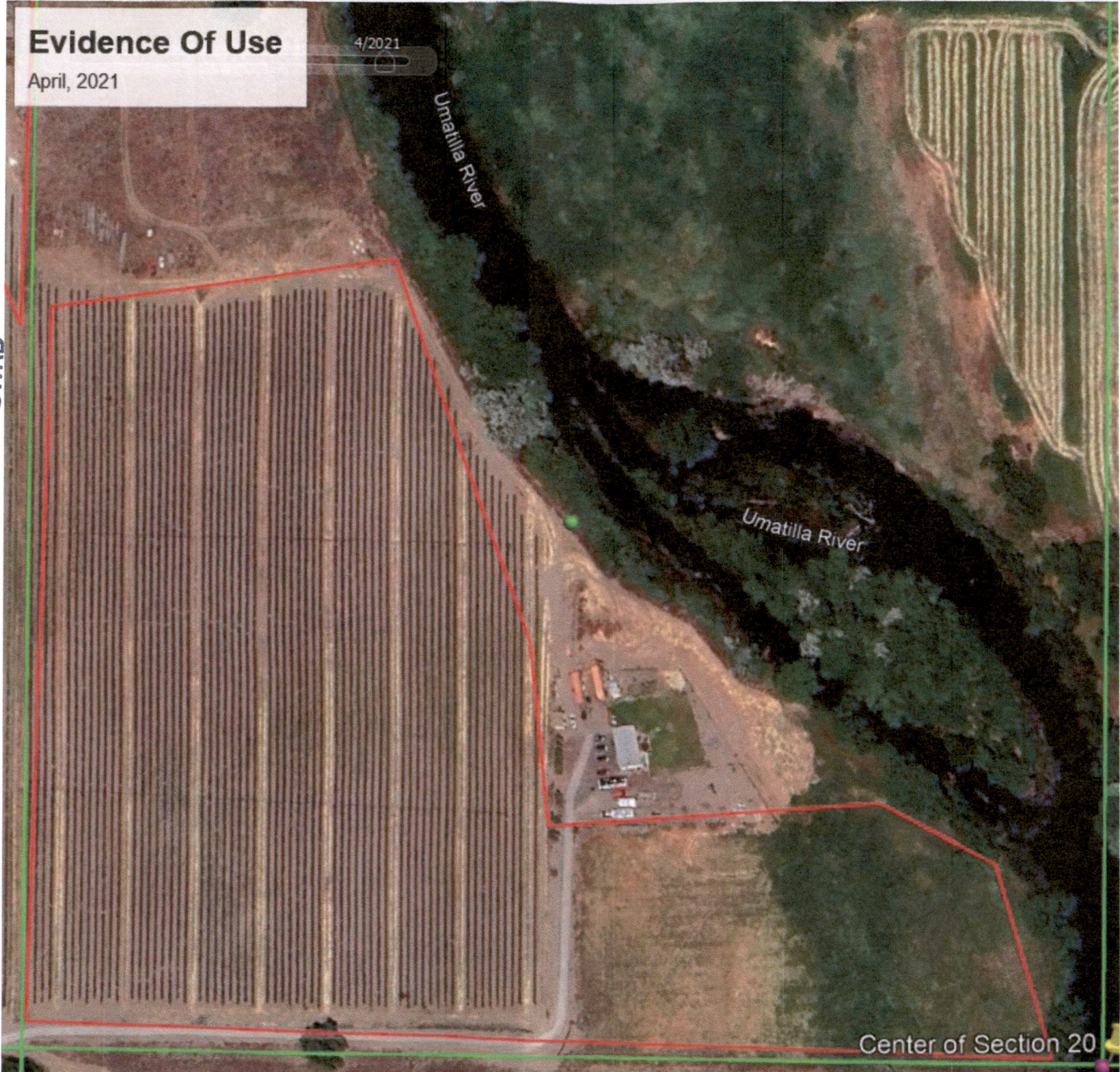
Umatilla River

Center of Section 20

Received
MAY 18 2024
OWRD

Received
MAY 13 2024
OWRD

Received
MAY 28 2024
OWRD



4/14/2021
2011 2021



Agnew Rd



Umatilla River

Umatilla River

Received
JUN 18 2024
OWRD

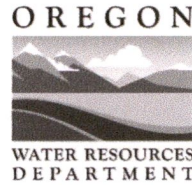
Center of Section 20

14484

Supplemental Form D

Water Right Transfers Within the Boundaries of or Served by an Irrigation District or other Water Supplier (Association, Ditch Co., etc.)

[For transfers submitted under OAR Chapter 690 Division 380]



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 503-986-0900
 www.oregon.gov/OWRD

The Department requires non-district applicants to communicate with districts/water suppliers during the planning and preparation of transfer applications involving water rights having a point of diversion or appropriation (POD/POA) or place of use (POU) served by or located within the boundaries of an irrigation district, or other type of water supplier to which assessments are paid. In some cases consent will be required from the district or water supplier.

This form must be included with any transfer application that involves rights served by or located within the boundaries of a district or other type of water supplier.

1. APPLICANT INFORMATION

| | | | | |
|---|--------------------|---------------------|---|--|
| NAME POLLOCK & SONS INC C/O BRYCE POLLOCK | | | PHONE (HM) (541)720-1781 | |
| PHONE (WK) (541)720-1781 | CELL | | FAX | |
| ADDRESS 78691 AGNEW RD | | | | |
| CITY HERMISTON | STATE OR | ZIP 97838 | E-MAIL** BRYCEPOLLOCK16@GMAIL.COM | |

Received
JUN 18 2024
OWRD

2. DISTRICT or WATER SUPPLIER INFORMATION

| | | | | |
|---|--------------------|---------------------|--|--|
| DISTRICT/WATER SUPPLIER NAME WESTLAND IRRIGATION DISTRICT | | | PHONE (HM) | |
| PHONE (WK) (541)667-2030 | CELL | | FAX | |
| ADDRESS P.O. BOX 944 | | | | |
| CITY HERMISTON | STATE OR | ZIP 97838 | E-MAIL** INFO@WESTLANDIRRIGATION.COM | |

** By providing an e-mail address, the applicant and/or the district/water supplier consents to receive all correspondence from the Department electronically. Copies of final order documents will also be mailed.

3. WATER RIGHTS ISSUED IN THE NAME OF, or LOCATED WITHIN, or SERVED BY AN IRRIGATION DISTRICT, OTHER DISTRICT, OR WATER SUPPLIER

a. List the water right(s) involved in this transfer:

| | Application / Decree | Permit / Previous Transfer | Certificate | Is the water right in the name of a district, water supplier, or BOR*? |
|----|----------------------|----------------------------|--------------|--|
| 1. | G4306 | G-4067 | 42339 | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 2. | G5738 | G-4972 | 46930 | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 3. | | - | | YES <input type="checkbox"/> |

Attach additional pages for additional water rights if necessary.

*Bureau of Reclamation

b. Determine a district's/water supplier's connection to your points of diversion (POD) or appropriation (POA) and places of use (POU). [You may need to consult with your district/water supplier.]

CURRENT ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the current POD(s) / POA(s) involved in the transfer are served by a district/water supplier or rely on BOR water.

YES NO All or a portion of the current POU involved in this proposed transfer receives water for either primary or supplemental irrigation from the district/water supplier; i.e., the POU is currently layered with a district or BOR water supplied water right(s).

PROPOSED ASSOCIATIONS Please answer the following "yes" or "no" questions:

YES NO One or more of the proposed POD(s) / POA(s) involved in the transfer are currently served or will be served by a district/water supplier if the transfer is approved, or rely on BOR water.

YES NO All or a portion of the proposed POU involved in this proposed transfer currently receives or will receive either primary or supplemental irrigation from the district/water supplier; i.e., the POU will be layered with a district/water supplier or BOR water supplied water right(s).

Received

MAY 28 2024

Received

MAY 13 2024

OWRD

OWRD

COMMENTS OR ADDITIONAL INFORMATION

4. APPLICANT'S SIGNATURE

(1) I certify that I have notified the district/water supplier about the proposed water right transfer application by [check one]:

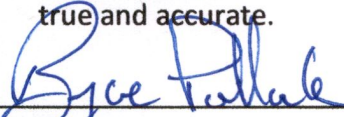
email, phone, postal mail, in person, or other (please specify) _____

(2) I certify that to the best of my knowledge the information contained in this Supplemental Form D is true and accurate.

Received

05-02-24

JUN 18 2024


Applicant Signature

Bryce Pollock
Name (print)

Date

OWRD

5. (WHEN REQUIRED) DISTRICT or WATER SUPPLIER CONSENT TO THE PROPOSED WATER RIGHT TRANSFER

District Manager or Water Supplier consent is required if any box on this form is marked "YES."

The district/water supplier certifies the following: N/A

(1) The district/water supplier has reviewed the applicant's proposed water right transfer application and maps; and

(2) The district/water supplier consents to the proposed water right transfer application.

YES NO After proof of completion, the confirming water right certificate is to remain in the name of the U.S. Bureau of Reclamation or the district/water supplier.

YES NO The district/water supplier will be responsible for submitting the claim of beneficial use prepared by a Certified Water Rights Examiner (CWRE).

Signature of District Manager /Water Supplier

Name (print), Title

Date

Land Use Information Form



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900
 www.oregon.gov/OWRD

| | | | | | |
|--|--|--------------------|-------------------------------|---|--|
| NAME Pollock & Sons Inc. C/O Bryce Pollock | | | PHONE (541)720-1781 | | |
| MAILING ADDRESS 78691 Agnew Rd | | | | | |
| CITY Hermiston | | STATE OR | ZIP 97838 | EMAIL Brycepollcock13@gmail.com | |

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts, may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

| Township | Range | Section | ¼ ¼ | Tax Lot # | Plan Designation (e.g., Rural Residential/RR-5) | Water to be: | | | Proposed Land Use: |
|----------|-------|---------|-------|-----------|---|--|--|--|--------------------|
| 4N | 28E | 20 | NW NW | 600 | EFU | <input checked="" type="checkbox"/> Diverted | <input checked="" type="checkbox"/> Conveyed | <input type="checkbox"/> Used | IRR |
| 4N | 28E | 20 | NE NW | 500 | EFU | <input type="checkbox"/> Diverted | <input checked="" type="checkbox"/> Conveyed | <input checked="" type="checkbox"/> Used | IRR |
| | | | | | Received JUN 18 2024 OWRD | <input type="checkbox"/> Diverted | <input type="checkbox"/> Conveyed | <input type="checkbox"/> Used | |
| | | | | | | <input type="checkbox"/> Diverted | <input type="checkbox"/> Conveyed | <input type="checkbox"/> Used | |

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Umatilla County

NOTE: A separate Land Use Information Form must be completed and submitted for each county and city, as applicable.

B. Description of Proposed Use

Type of application to be filed with the Oregon Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Exchange of Water
 Allocation of Conserved Water

Source of water:
 Reservoir/Pond
 Ground Water
 Surface Water (name) _____

Estimated quantity of water needed: **.21**
 cubic feet per second
 gallons per minute
 acre-feet

Intended use of water:
 Irrigation
 Commercial
 Industrial
 Domestic for _____ household(s)
 Municipal
 Quasi-Municipal
 Instream
 Other _____

Briefly describe:

Applicant is proposing to add an additional POA as backup to the authorized well, which has become unreliable.

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

See Page 4 →

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): UCDC 152.050(A)
- Land uses to be served by the proposed water use(s), including proposed construction, involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being Pursued."**

| Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.) | Cite Most Significant, Applicable Plan Policies & Ordinance Section References | Land-Use Approval: |
|---|--|--|
| | | <input type="checkbox"/> Obtained <input type="checkbox"/> Being Pursued <input type="checkbox"/> Denied <input type="checkbox"/> Not Being Pursued |
| | Received JUN 18 2024 | <input type="checkbox"/> Obtained <input type="checkbox"/> Being Pursued <input type="checkbox"/> Denied <input type="checkbox"/> Not Being Pursued |
| | OWRD | <input type="checkbox"/> Obtained <input type="checkbox"/> Being Pursued <input type="checkbox"/> Denied <input type="checkbox"/> Not Being Pursued |
| | | <input type="checkbox"/> Obtained <input type="checkbox"/> Being Pursued <input type="checkbox"/> Denied <input type="checkbox"/> Not Being Pursued |

Local governments are invited to express special land use concerns or make recommendations to the Oregon Water Resources Department regarding this proposed use of water in the box below or on a separate sheet.

Name: CAROL JOHNSON Title: Planner
 Signature: *Carol Johnson* Date: 03/11/2024
 Governmental Entity: Umatilla County Phone: 541-276-0089

Receipt Acknowledging Request for Land Use Information

Note to Local Government Representative:
 Please complete this form and return it to the applicant. **For new water right applications only**, if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications.

Applicant Name: _____

Staff Name: _____ Title: _____

11145

KRISTINE J. McCULLOUGH, Grantor, conveys to FRED J. McCULLOUGH, JR., her husband, Grantee, an undivided one-half interest in the following described real property, it being the Grantor's intention to create hereby an estate by the entirety:

All that part of the East half of the Northwest Quarter of Section 20, Township 4 North, Range 28, E.W.M., lying West of the center line of the Umatilla River, all located in the County of Umatilla, State of Oregon.

The true and actual consideration for this conveyance is love and affection.

Until a change is requested, all tax statements are to be sent to the following address:

Route 1, Box 1049
Hermiston, OR 97838

DATED this 13th day of December, 1978.

Kristine J. McCullough
Kristine J. McCullough

STATE OF OREGON)
County of Umatilla) ss.

December 13, 1978.

Personally appeared the above named KRISTINE J. McCULLOUGH and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:



Robert D. Irby
Notary Public for Oregon
My Commission Expires 3-2-79

Bargain and Sale Deed

HST-1

Received
MAY 28 2024

OWRD

Received
JUN 18 2024

OWRD

INDEXED ✓
SERIALIZED ✓

R 43 PAGE 983

Received
MAY 28 2024

OWRD

Received
JUN 18 2024

OWRD

STATE OF OREGON, } ss
COUNTY OF UMATILLA, }

I, Jessie M. Bell, County Clerk, certify that
this instrument was received and recorded
ON DEC 14, 1978

at 3:30 o'clock P. M. in the record
of DEEDS of said County in

Book Page
R-43 982

JESSIE M. BELL
County Clerk

By Marilyn Farley Deputy
Fees \$ 3 No. 46639

HST-1

395

TYPE PRINT
IN
AGENT
JACK
NR
OR
CTIONS
JEE
BOOK

IDENT
EATH
HEID IN
UTICA
NORON
CHING
TAN OF
11-11-84

SITING

IFIER

CTIONS
ANY
H-GAVI
E TO
(DIATE
AUSE
ING THE
ELY NO
IL-CA-1

SE OF
ATH

| | | |
|--|---|---|
| DECEASED—NAME 1 First Middle Last Fred Jay McCULLOUGH JR. | | DATE OF DEATH (month day year) 2 December 25, 1984 |
| RACE White Black American Indian etc (Specify) 3 White | SEX 4 Male | AGE—Last birthday (years) 5a 33 |
| CITY, TOWN OR LOCATION OF DEATH 7a Pendleton | HOSPITAL OR OTHER INSTITUTION—NAME (If not in index, give street and number) 7b St. Anthony's Hospital | DATE OF BIRTH (month day year) 6 November 9, 1951 |
| STATE OF BIRTH (If not in U.S.A. name country) 8 Washington | CITIZEN OF WHAT COUNTRY 9 U.S.A. | F-HOSP OR INST. indicate DOA, OP, Emer, Am, Inpatient (Specify) 7c Inpatient |
| SOCIAL SECURITY NUMBER 13 541-62-9378 | USUAL OCCUPATION (give kind of work done during most of receiving life, even if retired) 14a Laborer | COUNTY OF DEATH 7d Umatilla |
| RESIDENCE—STATE 15a Oregon | CITY, TOWN, OR LOCATION 15b Umatilla | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes |
| FATHER—NAME 16a Fred J. McCullough | MOTHER—first middle last (Maiden Name) 17 Ede Jacobsen | SPOUSE (IF MARRIED, WIDOWED, DIVORCED (Specify)) 11 Kristine |
| BURIAL, CREMATION, REMOVAL, MAUS (Indicate by number) 18a Burial | | INFORMANT—NAME and relationship to deceased 18 Kristine McCullough - Wife |
| CEMETERY OR CREMATORY—NAME 19a Hermiston Cemetery | | LOCATION city or town state 19b Hermiston, Oregon |
| FUNERAL SERVICE LICENSEE (Signature) 20a David Burns | NAME AND ADDRESS OF FACILITY 20b Burns Mortuary P.O. Box 289 Hermiston, Oregon 97838 | |
| To the best of my knowledge, I have occupied at the time, date and place and due to the cause(s) stated: 21a (Signature) Keith F. Harcourt | | DATE SIGNED (MO, Day, Yr) 21b 12/27/84 |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) 21c Keith F. Harcourt M.D. 1100 Southgate Pendleton, Oregon 97801 | | HOUR OF DEATH 21c 0035 |
| DATE RECEIVED BY REGISTRAR (MO, Day, Yr) 22a DEC 28 1984 | | REGISTRAR 22b (Signature) Elaine Wheeler |
| PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) <i>Advanced malignant melanoma with multiple metastases to brain, lungs, liver and subcutaneous tissues</i> | | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 No 25 No | | |
| ACCIDENT (Specify Yes or No) 23a | DATE OF INJURY (MO, Day, Yr) 26a | HOUR OF INJURY 26c |
| DESCRIBE HOW INJURY OCCURRED 26d | | |
| INJURY AT WORK (Specify Yes or No) 23b | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b | LOCATION 26g |
| STREET OR R.F.D. NO CITY OR TOWN STATE | | |
| RESERVED FOR REGISTRAR'S USE | | |

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 12 83

STATE OF OREGON)
COUNTY OF UMATILLA)

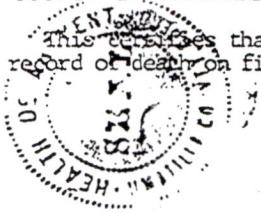
This certifies that the foregoing is a correct and complete transcript of the record of death on file with the UMATILLA COUNTY HEALTH DEPARTMENT.

COUNTY REGISTRAR OF VITAL RECORDS

Elaine Wheeler

DATE 12-28-84

NOT VALID WITHOUT THE RAISED SEAL OF UMATILLA COUNTY HEALTH DEPARTMENT



Received
JUN 18 2024

Received
MAY 28 2024

OWRD

OWRD

14484 -

FILED
J. DEAN FOUQUETTE, SR.
UMATILLA COUNTY CLERK

1988 SEP -8 A 8:36

~~RECORDED~~
~~INDEXED~~

R170 PAGE 927

STATE OF OREGON, } ss
COUNTY OF UMATILLA, }

I, J. Dean Fouquette, Sr., County Clerk,
certify that this instrument was received and
recorded

ON SEP. -8. 1988

at 8:36 o'clock A.M. in the record

of DEEDS of said County in

Book Page
R170 926

J. DEAN FOUQUETTE, SR.
County Clerk

By Beth Browning Deputy

Fees \$ 5.00 No. 143711

Kris McCULLOUGH
Rt 6 Box 6044
HERMISTON, OR 97837

Received
JUN 18 2024

OWRD

Received

MAY 28 2024

OWRD

14484 -

Until a change is requested, send all tax statements to:

Lane & Glenda Pollock
78691 Agnew Rd.
Hermiston, OR 97838

After recording return to:
Bendixsen Law, PC
245 E. Main St Suite E
Hermiston, OR 97838

State of Oregon
County of Umatilla
REC-DE
Pg=3 \$15.00 \$11.00 \$10.00 \$10.00 \$60.00 \$106.00

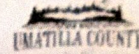
2023-0007423

10/25/2023 09:48:25 AM



Office of County Records

Steve Churchill



PERSONAL REPRESENTATIVE'S DEED

LANE L. POLLOCK, the duly appointed, qualified, and acting Personal Representative of the Estate of LERUE WRIGHT POLLOCK, aka LE RUE W. POLLOCK, deceased, Umatilla County Circuit Court, State of Oregon Case No. PRH090022, Grantor, conveys to LANE L. POLLOCK and GLENDA L. POLLOCK, husband and wife, all of Grantor's right, title and interest in the real property located in Umatilla County and State of Oregon, more particularly described as follows:

See attached Exhibit A

The true consideration for this conveyance is \$0.00 and is pursuant to a general judgment of distribution in Umatilla County Circuit Court probate case no. PRH090022.

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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. 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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED: 10-19-, 2023.

Lane L. Pollock

Lane L. Pollock, as Personal Representative of the Estate of LeRue Wright Pollock, aka Le Rue W. Pollock, Umatilla County Circuit Court, Oregon Case No. PRH090022.

Received
JUN 18 2024

OWRD

Tract I

The West Half of the Northwest Quarter of Section 20, Township 4 North, Range 28, East of the Willamette Meridian, Umatilla County, Oregon;

Excepting therefrom that tract of land conveyed to Lane L. Pollock, etux, by Deed recorded in Microfilm Reel 117, Page 170, Office of Umatilla County Records;

Also excepting therefrom that tract of land conveyed to Le Rue W. Pollock, etux, by Deed recorded in Microfilm Reel 117, Page 173, Office of Umatilla County Records;

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

EXHIBIT A

Received
JUN 18 2024

14484 -

OWRD