



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

*Ownership Update*  
~~Request for~~  
**Assignment**

By Proof of Ownership  
 (If Permit/Transfer Holder is not available)

If for multiple rights, a separate form and fee for each right will be required.

I, MARY Eichler  
 (Name of Party Requesting Assignment)  
3085 NE Garden Ave Corvallis OR 97330  
 (Mailing Address) (City) (State) (Zip) 541-740-0311  
 (Phone #)

- ... hereby request assignment of application/permit/transfer;
- ... hereby request assignment of a portion of application/permit/transfer;  
 (You must include a map showing the portion of the application/permit/transfer to be assigned.)

I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.

Application # 6-1602; Permit # 6-1425; Transfer# \_\_\_\_\_  
 -OR-  
 GR Statement # \_\_\_\_\_; GR Certificate of Registration # \_\_\_\_\_

*CERT: 7-294 NO ASSIGNMENT NEEDED*

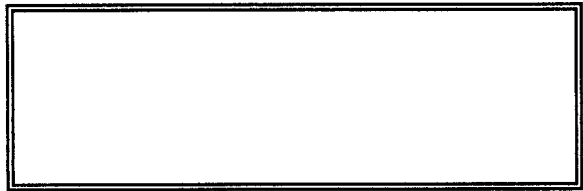
\_\_\_\_\_  
 (Name of Permit/Transfer Holder of Record)  
 \_\_\_\_\_  
 (Mailing Address) (City) (State) (Zip) (Phone #)

**Note:** You are required to furnish proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)

- 1) I certify that I am the current owner of the property described in this application, Permit or Certificate of Registration.
- 2) I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
- 3) I have not been able to contact the owner(s) of record for the above referenced application or water right.
- 4) I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this 11<sup>th</sup> day of November, 2013  
 Party Requesting Assignment Mary Eichler  
 Party Requesting Assignment \_\_\_\_\_

**DO NOT WRITE IN THIS BOX**



The completed "Request for Assignment form must be submitted to the Department along with a recording fee of \$50.

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# Oregon

John A. Kitzhaber, MD, Governor

November 14, 2013

## Water Resources Department

North Mall Office Building  
725 Summer St. NE, Suite A  
Salem, OR 97301  
Phone 503-986-0900  
FAX 503-986-0904  
www.wrd.state.or.us

Mary Eichler  
3085 NE Garden Avenue  
Corvallis, Oregon 97330

Reference: Application G-14755, Permit G-13587  
Application G-1603, Permit G-1475, Certificate 75594

Regarding Application G-14755, Permit G-13587, the assignment by proof from Walter Eichler to Mary Eichler has been recorded in the records of the Water Resources Department.

The Departments records will now show Mary Eichler as the permit holder of record.

Regarding Application G-1603, Permit G-1475, Certificate 75594, this right has been perfected as evidenced by the issuance of a Certificate of water right. This right will go with the land, and there is no provision for changing the name on a certified right.

Our records have been changed accordingly and the original request is enclosed. Receipt number 110454 covering the recording fee is also enclosed.

The fee for an assignment has been raised several times over the last few years. The current fee is \$85. As only one right needed assigning, a refund check in the amount of \$15 is also enclosed.

Please review the permit to be familiar with the conditions and timelines contained in the permit. These conditions and timelines will have to be met before a Certificate of Water Right can be issued.

Sincerely,

Jerry Sauter  
Water Rights Program Analyst  
Water Right Services Division

Enclosure: Receipt 110454

cc: Watermaster 16  
Data Center, OWRD (cover letter & request)  
Hydrographics  
File

BENTON COUNTY, OREGON 2012-499456  
DE-WD  
Cnt=1 Stn=9 PF 11/16/2012 1:10:30 PM  
\$10.00 \$11.00 \$17.00 \$10.00 \$20.00 \$68.00



00250682201204994560020021

I, James V. Morales, County Clerk for Benton County, Oregon, certify that the instrument identified herein was recorded in the Clerk records

James V. Morales - County Clerk



**WARRANTY DEED -- STATUTORY FORM**

**Grantor:** Mary M. Eichler  
**Grantee:** Mary M. Eichler, Trustee

**After recording return to:**

Mary M. Eichler, Trustee  
3085 NE Garden Avenue  
Corvallis, OR 97330

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**Address for tax statements:**

Mary M. Eichler, Trustee  
3085 NE Garden Avenue  
Corvallis, OR 97330

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**Consideration:** The true consideration for this conveyance is \$NONE. The actual consideration consists of transfer of title to avoid probate.

**MARY M. EICHLER**, Grantor, conveys and warrants to **MARY M. EICHLER**, Trustee of the **MARY M. EICHLER Revocable Living Trust** dated December 23, 2008, Grantee, the following described real property free of encumbrances except as specifically set forth herein situated in Benton County, Oregon:

Beginning at the Southwest corner of the tract of land conveyed by deed recorded in Book 63, page 164, Benton County Deed Records, said corner being 23.578 chains North 89° 26' East along the South claim line from the Southwest corner of the Jehial S. Kendall Donation Land Claim No. 48 in Section 19, Township 11 South, Range 4 West of the Willamette Meridian; thence North 89° 26' East along said claim line 604.50 feet; thence North 0° 40' East 166.00 feet; thence North 21° 50' 30" East 1437.53 feet to the center of Stewart's Creek and the North line of said tract; thence along the lines

After recording return to:

Mary M. Eichler, Trustee  
3085 NE Garden Avenue  
Corvallis, OR 97330

Address for tax statements:

Mary M. Eichler, Trustee  
3085 NE Garden Avenue  
Corvallis, OR 97330

**Consideration:** The true consideration for this conveyance is \$NONE. The actual consideration consists of transfer of title to avoid probate.

MARY M. EICHLER, Grantor, conveys and warrants to MARY M. EICHLER, Trustee of the MARY M. EICHLER Revocable Living Trust dated December 23, 2008, Grantee, the following described real property free of encumbrances except as specifically set forth herein situated in Benton County, Oregon:

Beginning at the Southwest corner of the tract of land conveyed by deed recorded in Book 63, page 164, Benton County Deed Records, said corner being 23.578 chains North 89° 26' East along the South claim line from the Southwest corner of the Jehial S. Kendall Donation Land Claim No. 48 in Section 19, Township 11 South, Range 4 West of the Willamette Meridian; thence North 89° 26' East along said claim line 604.50 feet; thence North 0° 40' East 166.00 feet; thence North 21° 50' 30" East 1437.53 feet to the center of Stewart's Creek and the North line of said tract; thence along the lines of said tract South 71° West 307.50 feet, South 46° West 112.20 feet, South 38° West 171.60 feet, South 65° West 330 feet, South 72° 52' West 389.07 feet to the Northwest corner of said tract and South 0° 49' East 937.60 feet to the point of beginning.

The said property is free from encumbrances except easements, conditions, restrictions and roadways of record.

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,

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CHAPTER 855, OREGON LAWS 2009. THIS INSTRUMENT DOES NOT ALLOW THE 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 this 14 day of November, 2012.

Mary M. Eichler  
MARY M. EICHLER

STATE OF OREGON )  
County of Wash ) ss. November 14, 2012.

Personally appeared the above-named **MARY M. EICHLER** acknowledged the foregoing instrument to be her voluntary act and deed.

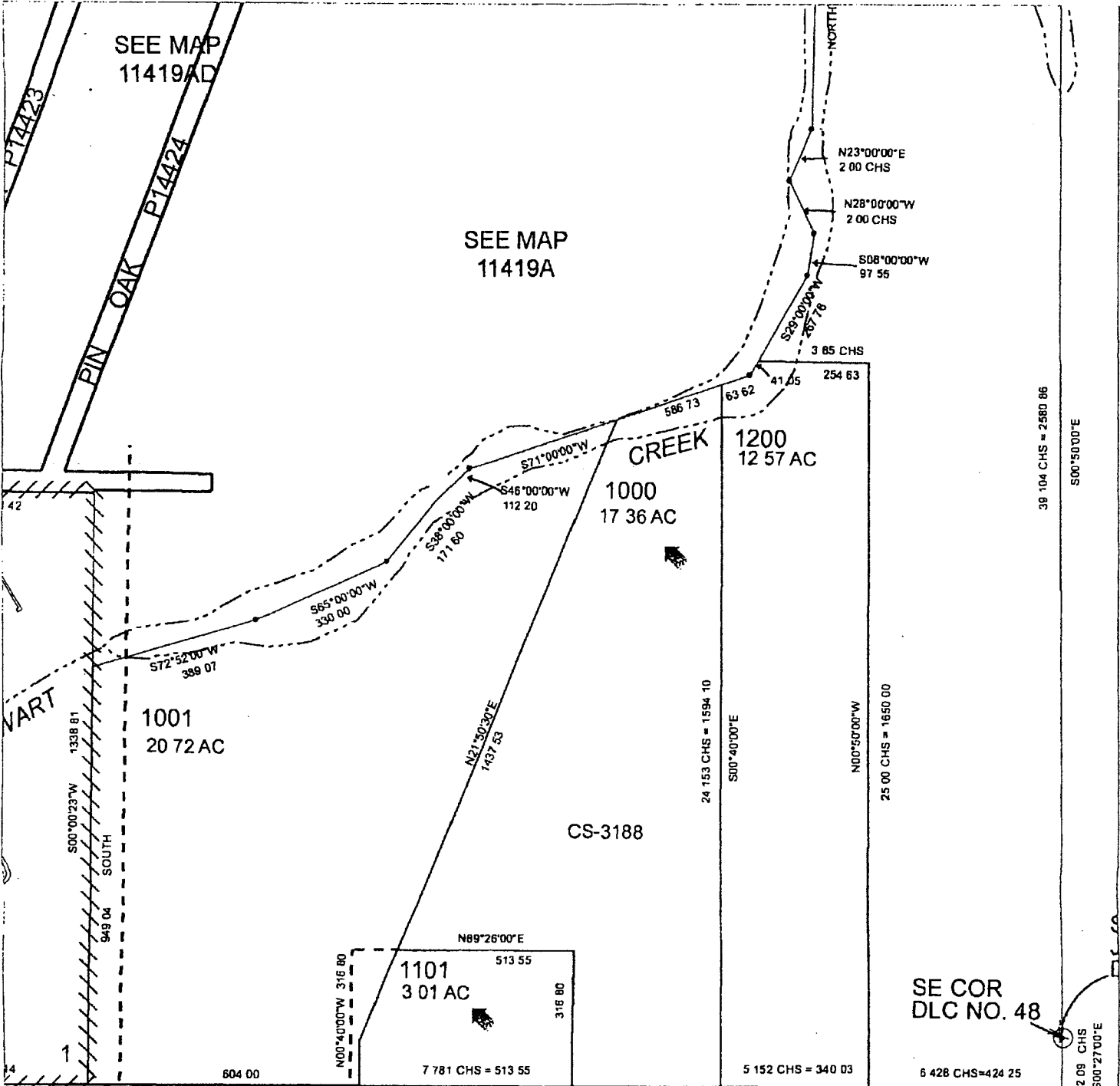
Angela J. Davis  
Notary Public for Oregon  
My Commission expires: 3/7/2016



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**0905**  
**(0902)**

LOT 5 44.24

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17.775 CHS

**Exhibit "A"**

Real property in the County of Benton, State of Oregon, described as follows:

Beginning at a point 2160.65 feet North 89°26' East, along the South Claim line, from the Southwest corner of the Jehial S. Kendall Donation Land Claim No. 48 in Township 11, South, Range 4 West of the Willamette Meridian, Benton County, Oregon, said point being 604.50 feet North 89°26' East of the Southwest corner of that tract of land as conveyed by deed recorded in Book 63, Page 164, Deed Records of Benton County, Oregon; thence North 0°40' East 166.00 feet; thence North 21°50'30" East 1437.53 feet to the center of Stewart's Creek and the North line of said tract; thence North 71° East, along said North line, 313.50 feet to the Northeast corner of the second parcel as described by deed recorded in Book 167, Page 262, of said Deed Records; thence South 0°40' West 1594.10 feet to the Southeast corner of said last mentioned tract and the South line of said Claim; thence South 89°26' West 847.90 feet to the point of beginning.

NOTE: This Legal Description was created prior to January 01, 2008.

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**First American**

**First American Title Company of Oregon**  
405 NW 5th St, Ste A

Corvallis, OR 97330  
Phn - (541)757-1344  
Fax - (866)712-4647

Mary Eichler  
3085 NE Garden Avenue  
Corvallis, OR 97330

November 01, 2013  
File No: 7101-2172071 (GM)

Re: Property: **3095 NE Garden Avenue, Corvallis, OR 97330**

Congratulations on your purchase of the property referenced above. **First American Title Company of Oregon** will be handling your transaction. I, **Geryl McGowan**, am your escrow officer and I can be reached at **(541)757-1344** or **gmcgowan@firstam.com**. Please do not hesitate to call or email me at any time during your transaction.

**COMPLETE IN FULL, SIGN AND RETURN** the enclosed items: **(FAILURE TO COMPLETE AND RETURN THE ENCLOSED ITEMS MAY RESULT IN A DELAY OF YOUR CLOSING.)**

- Statement of Information (if applicable)
- Buyer/Borrower Information Request

**ENCLOSED** please find the following for your records:

- Escrow **Action** Items (these are items that **may require** your attention prior to close of escrow)
- Privacy Policy Notice
- Preliminary Report to follow

**YOU WILL BE REVIEWING, APPROVING AND SIGNING IMPORTANT DOCUMENTS AT CLOSING. LEGAL CONSEQUENCES FOLLOW FROM THE SELECTION AND USE OF THESE DOCUMENTS. THESE CONSEQUENCES AFFECT YOUR RIGHTS AND OBLIGATIONS. YOU MAY CONSULT AN ATTORNEY ABOUT THESE DOCUMENTS. YOU SHOULD CONSULT AN ATTORNEY IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THE TRANSACTION OR ABOUT THE DOCUMENTS. IF YOU WISH TO REVIEW TRANSACTION DOCUMENTS THAT YOU HAVE NOT YET SEEN, PLEASE CONTACT THE ESCROW AGENT.**

Should you have any questions or need further assistance, please contact the undersigned. We appreciate the opportunity to serve you.

First American Title Company of Oregon

Kirk McAllister, Assistant for  
Geryl McGowan, Escrow Officer

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First American

### First American Title Company of Oregon

405 NW 5th St, Ste A • Corvallis, OR 97330

### Buyer's Estimated Settlement Statement

**Property:** 3095 NE Garden Avenue, Corvallis, OR 97330

**File No:** 7101-2172071

**Officer:** Geryl McGowan/GM

**New Loan No:**

**Estimated Settlement Date:** 11/12/2013

**Disbursement Date:**

**Print Date:** 11/07/2013, 12:25 PM

**Buyer:** IPX 1031 as Qualified Intermediary for Mary Eichler

**Address:** 3085 NE Garden Avenue, Corvallis, OR 97330

**Seller:** Gennefer Ellsworth

**Address:** 1427 Laguna Street #72, Santa Barbara, CA 93101

Charge Description	Buyer Charge	Buyer Credit
<b>Consideration:</b>		
Total Consideration	275,000.00	
<b>Prorations:</b>		
County Taxes 2013 - 2014 11/12/13 to 07/01/14 @\$231.93/yr	146.78	
County Tax 11/12/13 to 07/01/14 @\$402.28/yr	254.59	
<b>New Loan(s):</b>		
Lender: Gennefer S. Ellsworth		
New Loan to File - Gennefer S. Ellsworth		51,924.38
<b>Title/Escrow Charges to:</b>		
E-recording Fee to First American Title Company of Oregon	10.00	
Escrow/Closing Fee to First American Title Company of Oregon	450.00	
Record Warranty Deed-First to First American Title Company of Oregon	73.00	
Record Deed of Trust-First to First American Title Company of Oregon	88.00	
<b>Disbursements Paid:</b>		
Exchange Fee to IPX 1031	250.00	
<b>Cash (X From) ( To) Borrower</b>		224,347.99
<b>Totals</b>	276,272.37	276,272.37

Notice - This Estimated Settlement Statement is subject to changes, corrections or additions at the time of final computation of Escrow Settlement Statement.

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# CERTIFICATION OF VITAL RECORD

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

H90949

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: <b>Walter</b> Middle: <b>Rudolph</b> Last: <b>Eichler</b> Suffix: <b>Jr.</b>			2. Death Date <b>March 30, 2011</b>	
3. Sex <b>Male</b>	4. Age <b>77 years</b>	5. Social Security Number [REDACTED]		6. County of Death <b>Benton</b>
7. Birthdate [REDACTED]	8. Birthplace <b>La Center, Washington</b>		9. Decedent's Education <b>Doctorate degree</b>	
10. Was Decedent of Hispanic Origin? <b>No</b>		11. Decedent's Race(s) <b>White</b>		12. Was Decedent Ever in U.S. Armed Forces? <b>No</b>
13. Residence: Number and Street <b>3085 NE Garden Avenue</b>			14. City/Town <b>Corvallis</b>	
15. Residence County <b>Benton</b>	16. State or Foreign Country <b>Oregon</b>	17. Zip Code + 4 <b>97330-9648</b>	18. Inside City Limits? <b>No</b>	
19. Marital Status at Time of Death <b>Married</b>		20. Spouse's Name Prior to First Marriage <b>Mary Kopf</b>		
21. Usual Occupation <b>Educator</b>		22. Kind of Business/Industry <b>Public Schools / University</b>		
23. Father's Name <b>Walter Rudolph Eichler Sr.</b>		24. Mother's Name Prior to First Marriage <b>Matilda Le Belt</b>		
25. Informant's Name <b>Mary Kopf Eichler</b>	26. Telephone Number <b>Not Available</b>	27. Relationship to Decedent <b>Spouse</b>	28. Mailing Address <b>3085 NE Garden Avenue, Corvallis, OR 97330-9648</b>	
29. Place of Death <b>Decedent's Residence - Hospice</b>		30. Facility Name		
31. Location of Death <b>3085 NE Garden Avenue</b>		32. City/Town or Location of Death <b>Corvallis</b>	33. State <b>Oregon</b>	34. Zip Code + 4 <b>97330-9648</b>
35. Method of Disposition <b>Cremation</b>	36. Place of Disposition <b>Linn-Benton Crematory</b>		37. Location <b>Corvallis, Oregon</b>	
38. Name and Complete Address of Funeral Facility <b>Demoss-Durdan Funeral Home And Cremation Services 815 NW Buchanan Ave, Corvallis, Oregon 97330</b>				
39. Date of Disposition <b>March 30, 2011</b>		40. Funeral Director's Signature <i>Joseph Battrick</i>		41. OR License Number <b>FS-0517</b>
42. Registrar's Signature <i>Marcy Anderson, Deputy</i>		43. Date Received <i>April 7, 2011</i>		44. Local File Number <b>177</b>
45. Amendment				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
49. Time of Death <b>7:15 a.m.</b>				
CAUSE OF DEATH				
50. 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.				Approximate Interval: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓		
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. <b>Acute Cordeopulmonary Arrest</b>		<b>Minutes</b>
		b. <b>Metastatic Urothelial Carcinoma</b>		<b>Months</b>
		c.		
		d.		
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:				
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
55. Date of Injury (MM/DD/YYYY)	56. Time of Injury	57. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)				
60. Describe how injury occurred				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) <b>Vicky Hua Lee, 3640 NW Samaritan Drive., Suite 161, Corvallis, OR 97330</b>				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier <b>Doctor of Medicine</b>		65. License Number <b>MD25700</b>	66. Date Signed (MM/DD/YYYY) <b>RECEIVED BY [Signature]</b>	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>HS</i>		68. Medical Examiner - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
69. Amendment				

\*329825\*

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

NOV 13 2013

45-2DP (01/06)



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

APR 07 2011

DATE ISSUED:

SALEM, OR  
*[Signature]*  
MITCH ANDERSON  
COUNTY REGISTRAR  
BENTON COUNTY, OREGON