



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

Certificate of Water Right Ownership Update

NOTICE TO SELLERS & BUYERS:

By law, all water belongs to the public (ORS 537.110). In almost every instance, a permit or water right certificate from the Water Resources Department is needed before using, diverting or storing water (ORS 537.130). However, most domestic wells do not require water rights. A certificate of water right stays with the land. In order to keep track of water right ownership, the Department requests that this form be submitted to the Department. ***If for multiple rights, a separate form for each right will be required.***

Water that has been used for a long time in one place or that involves a water structure (like a dam) that already exists is no guarantee that there is a water right which would allow the water use to continue.

If you have any questions about this form or water right requirements, please contact your local watermaster or call the Water Resources Department at 503-986-0900.

Note: Please type or print legibly when filling in the following information. Use additional paper if necessary.

PROPERTY SELLER INFORMATION

RECEIVED BY OWNER

Applicant(s): Tracy Mount
First Last JUL 23 2014
 Mailing Address: _____
 _____ SALEM, OR
City State Zip
 Phone: None _____
Home Work Other

PROPERTY BUYER INFORMATION

Applicant(s): Darrell Mount
First Last
 Mailing Address: 205 N Hwy 99 W
Dundee OR 97115
City State Zip
 Phone: 503-537-0565 _____
Home Work Other

PROPERTY DESCRIPTION (attach additional pages if necessary):

County: Linn Township: Sciou Range: _____ Section: _____

Tax Lot Number(s): _____

Street address of water right property: 37225 Jefferson Sciou Rd

Water Right Information (attach copy of water right permit or certificate & final proof map):

Application #: 613516 Permit #: 612074 Certificate or Page #: 76538

Will all the lands associated with this water right be owned by the buyer? Yes No

Name of individual completing this form: Darrell Mount Phone: 503-537-0565

Signature: Darrell Mount Date: _____

Please be sure to attach a copy of your property deed or legal description of the property.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

RECEIVED BY *[Signature]*

JUL 23 2014

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

654189
LS TAB NO.

STATE FILE NO. SALEM, OR

1. Legal Name First: Tracy Middle: Everett Last: Mount Suffix:			2. Death Date November 16, 2013	
3. Sex Male		4. Age 87 years		5. Social Security Number [REDACTED]
7. Birthdate [REDACTED]		8. Birthplace Perchal, Iowa		9. Decedent's Education 8th grade or less
10. Was Decedent of Hispanic Origin? No			11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? Yes				
13. Residence: Number and Street 3725 Jefferson-Scio Road			14. City/Town Scio	
15. Residence County Marion		16. State or Foreign Country Oregon		17. Zip Code + 4 97374
18. Inside City Limits? No				
19. Marital Status at Time of Death Divorced			20. Spouse's Name Prior to First Marriage	
21. Usual Occupation Mechanic			22. Kind of Business/Industry Industrial Plant	
23. Father's Name Sam E. Mount			24. Mother's Name Prior to First Marriage Ella M. Hamilton	
25. Informant's Name Darrell Mount		26. Telephone Number Not Available		27. Relationship to Decedent Son
28. Mailing Address 205 N Highway 99W, Dundee, OR 97115				
29. Place of Death Hospital-Inpatient			30. Facility Name Salem Hospital	
31. Location of Death 890 Oak Street SE			32. City/Town or Location of Death Salem	
33. State Oregon		34. Zip Code + 4 97301		
35. Method of Disposition Cremation		36. Place of Disposition Macy and Son Crematorium		37. Location McMinnville, Oregon
38. Name and Complete Address of Funeral Facility Macy & Son Funeral Directors 135 NE Evans Street, McMinnville, Oregon 97128				
39. Date of Disposition TBD		40. Funeral Director's Signature <i>Janet L. Stark</i>		41. OR License Number FS-0298
42. Registrar's Signature <i>[Signature]</i>		43. Date Received DEC 17 2013		44. Local File Number 132519
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 checked="" type="checkbox"/> No
49. Time of Death 0832				
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 ↓ Sepsis		
Sepsis		Due to (or as a consequence of) ↓ Bowel ischemia		
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death):		Due to (or as a consequence of) ↓		
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Sepsis etc to Group B Strep		Due to (or as a consequence of) ↓		
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 GJ-66 <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. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)		59. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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) Ahmad Gill MD; 890 Oak Street SE; Salem, OR 97309				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier M.D.		65. License Number MD156270		66. Date Signed (mm/dd/yyyy) 12/11/2013
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>[Signature]</i>			68. Medical Examiner - 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.	
69. Amendment				

4348221

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/08)



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

DATE ISSUED: DEC 17 2013

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE