Application for a Permit to Use

Surface Water



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

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

CITON 1: APPLICANT INFORT			
	IRKOD-	TRICY.	PHONE (HM)
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RCIA KAMSOY-COOFS I	Windermen	541-944	-1757 541-779-22
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SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own a conveyed, and used.	all the lands associated with the project from wh	ich the water is to be diverted,
Yes There are no en	cumbrances. cumbered by easements, rights of way, roads or	other encumbrances.
☐ I do not current ☐ Written authori own are state-or domestic use or ☐ Water is to be	ed easement or written authorization permitting ally have written authorization or easement permit action or an easement is not necessary, because wned submersible lands, and this application is ally (ORS 274.040). diverted, conveyed, and/or used only on federal addresses of all affected landowners (attach addresses of all affected landowners)	tting access. the only affected lands I do not for irrigation and/or lands.
	description of: 1. The property from which the posed ditch, canal or other work, and 3. Any pos.	
SECTION 3: SOURCE	OF WATER	
A. Proposed Source of Wa	ter	
Provide the commonly used stream or lake it flows into.	name of the water body from which water will b	be diverted, and the name of the
	ex Resorbiteributary to: Roque River	RECEIVED BY OWRD
Source 2:	Tributary to:	OCT 3 1 2014
Source 3:	Tributary to:	SALEM, OR
Source 4:	Tributary to:	J. 122111, 311
	stored water that is authorized under a water rig at the document number (for decrees, list the vol	
B. Applications to Use Stor	ed Water	
Do you, or will you, own the	reservoir(s) described in item 3A above?	
Yes.		
	ose a copy of your written notification to the operation, which you should have already mailed or	
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SALEM, OR

If all sources listed in item 3A are stored water, the De	partment will review you	r application using the expedited
process provided in ORS 537.147, unless you check the	e box below. Please see t	he instruction booklet for more
information.		

- By checking this box, you are requesting that the Department process your application under the standard process outlined in ORS 537.150 and 537.153, rather than the expedited process provided by ORS 537.147. To file an application under the standard process, you must enclose the following:
 - A copy of a signed non-expired contract or other agreement with the owner of the reservoir (if not you) to impound the volume of water you propose to use in this application.
 - A copy of your written agreement with the party (if any) delivering the water from the reservoir to you.

SECTION 4: WATER USE

Provide the amount of water you propose to use from each source, for each use, in cubic feet-per-second (cfs) or gallons-per-minute (gpm). If the proposed use is from storage, provide the amount in acre-feet (af):

(1 cfs equals 448.8 gpm. 1 acre-foot equals 325,851 gallons or 43,560 cubic feet)

SOURCE	USE	PERIOD OF USE	AMOUNT
Lost Creek Beso	IRRIGATION	4/1-10/31	
• • • • • • • • • • • • • • • • • • • •			cfs gpm af
			cfs gpm af
			cfs gpm af
For irrigation use only: Please indicate the number	of primary and supplemen	tal acres to be irrigated.	
Primary: 1, 99 Acres	Supplementa	d:Acres	V/A
ndicate the maximum tota	I number of acre-feet you e	expect to use in an irrigation	season: 4

• If	the use is	municipal or	quasi-municipal,	attach	Form	٨
If	the use is	municipal or	quasi-municipal,	attach	Form	

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• If the use is domestic, indicate the number of households: _

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If the use is mining, describe what is being mined and the method(s) of extraction:

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SECTION 5: WATER MANAGEMENT

SALEM, OR

A. Diversion and Conveyance What equipment will you use to pump water from your source?	
Pump (give horsepower and type): 1 Holsefower Pump	
Other means (describe):	
Provide a description of the proposed means of diversion, construction, and operation diversion works and conveyance of water.	on of the RECEIVED BY OWRD
B. Application Method What equipment and method of application will be used? (e.g., drip, wheel line, high	OCT 3 1 2014
sprinkler) Sprinklers	SALEM, OR
C. Conservation Please describe why the amount of water requested is needed and measures you prowaste; measure the amount of water diverted; prevent damage to public uses of afferwaters. WILL FOLLOW ALL PERMIT CONDITIONS	cted surface
SECTION 6: RESOURCE PROTECTION	
In granting permission to use water from a stream or lake, the state encourages, and in secareful control of activities that may affect the waterway or streamside area. See instructions sible permit requirements from other agencies. Please indicate any of the practices y protect water resources.	ction guide for a list of
Diversion will be screened to prevent uptake of fish and other aquatic life. Describe planned actions: WWW CONSULT OD 700	
Excavation or clearing of banks will be kept to a minimum to protect riparia Describe planned actions: NO EYCAVATION PLANNED	
Operating equipment in a water body will be managed and timed to prevent Describe:	damage to aquatic life.
Water quality will be protected by preventing erosion and run-off of waste of Describe: No EXCAVATION PLANS, WILL	r chemical products. NOT BE USING CHEMICALS

Date construction will begin: OCTOBEL	, 2014 ASM	0
Date construction will be completed: OCTOB	ier 30,2014 AS	4
Date construction will begin: OCTOB Date construction will be completed: OCTOB Date beneficial water use will begin: June	15, 2015 ASA	
SECTION 8: WITHIN A DISTRICT		
Check here if the point of diversion or p other water district.	lace of use are located w	rithin or served by an irrigation or N/A
Irrigation District Name	Address	
City	State	Zip
SECTION 9: REMARKS Use this space to clarify any information you have	ve provided in the applicati	on.
·		
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SECTION 7: PROJECT SCHEDULE



PS088-7.

LETTER OF AUTHORIZATION

Development Services 10 South Oakdale, Room 100 Medford, Oregon 97501 Marcie Kamsay-Cools

Phone: 541-774-6900 Fax: 541-774-6948

1:\BLDG\FORMS\Letter of Authorization.docx

LET IT BE KNOWN THAT MARCÍA RAMSAU - CROK / Has been retained to act as Agent to perform all acts for development on my property identified below. These acts include: Pre-application Conference, Filing applications and/or other required documents relative to all Zoning Applications, Sewage Disposal Permits and Inspections, Assigning an Address, Road Approach Permits, Manufactured Dwelling Permits, Building Permits, and Mechanical Permits (authorization not useable for Plumbing or Electrical Permits per State regulations). 195 Rene DRIVE! Shady Cove, Or 97539 (Address or Road) AND DESCRIBED IN THE RECORDS OF JACKSON COUNTY AS: TOWNSHIP 34 , RANGE 1W , SECTION 21A , TAX LOT(S) 6000 TOWNSHIP , RANGE , SECTION , TAX LOT(S) THE COSTS OF THE ABOVE ACTIONS, WHICH ARE NOT SATISFIED BY THE AGENT, ARE THE RESPONSIBILITY OF THE UNDERSIGNED PROPERTY OWNER. PROPERTY OWNER: This authorization is valid for 2 1 year, 2 years; Other (Must select one) SIGNATURE: Lynn my Horn DATE: 7/28/3614 PRINTED NAME: LUNK HOYN ADDRESS: 333 Mtn View Dr. # 123PHONE: 541 621-2436 CITY/STATE/ZIP: Talent OR 97540 FAX: CHECK ONE:, API AGENT SIGNATURE: MARINA RAMSON - CONTE DATE: 7/28/2014

PRINTED NAME: MARINA RAMSON - CONTE PRINTED NAME: MARCIA RAMSOY-Cools ADDRESS: 1/17 & JACKSON PHONE: 541-944-1757
CITY/STATE/ZIP: Medford, ON 97504 FAX: 541-779-2268 Additional, if necessary – CHECK ONE: APPLICANT AGENT SIGNATURE: RECEIVED BY OWRD DATE: ____RECEIVED BY OWRD PRINTED NAME: OCT 1 4 2014 PHONE: 0CT 3 1 2014 ADDRESS: _______ SALEM, OR FAX: _____ SALEM, OR

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Planning = 19m off

OCT 1 4 2014

Land Use Information Form SALEM, OR



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

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Sha	dy C	ne		Or State	97539 zip	Daytime Pl	none: 650	1-22	2-3
. Land a	ind Loca	tion							
ansported), and/or us	sed or dev	eloped. Ap	plicants for	s where water will be d municipal use, or irriges for the tax-lot inform	gation uses w	ithin irrigatio	rce), conv n districts	veyed may
Township	Range	Section	WINE	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)		Water to be:		Proposed Land Use
345	'RIW	04/1	WINE	any	Ruiai Residentiai/RR-5)	Diverted	Conveyed	2 Used	
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						☐ Diverted	☐ Conveyed	Used	
						Diverted	☐ Conveyed	☐ Used	
								OCT 3	
5HA	ntion of l	Propose	ed Use					SALE	M, OR
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See bottom of Page 3. \rightarrow

Surface Water/9

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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 bel	ow and provide the requested	<u>informat</u>	<u>ion</u>
Land uses to be served by the proposed water regulated by your comprehensive plan. Cite a			d outright or are not
☐ Land uses to be served by the proposed water use approvals as listed in the table below. (Ple have already been obtained. Record of Action approvals have been obtained but all appears	ease attach documentation of applicab n/land-use decision and accompanying	le land-use a g findings ar	pprovals which e sufficient.) If
Type of Land-Use Approval Needed (e.g., plan amendments, rezones,	Cite Most Significant, Applicable Plan	Lan	d-Use Approval:
conditional-use permits, etc.)	Policies & Ordinance Section References	Obtained	□ Paine Pursued
		Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
OC	T 3 1 2014	RE	CEIVED BY OWRD
UC	3 1 2014	116	OCT 1 4 2014
SA	ALEM, OR		
	n, ·	<	SALEM, OR
Name: Jebby Jermain	Title: Planning		1
Signature: Debby Jermain	Phone: <u>541-</u> 8)	8-820	Date: 10/8/14
Government Entity: City of S	shady Cove		
Note to local government representative: Plea applicant. If you sign the receipt, you will have 3 completed Land Use Information Form or WRD compatible with local comprehensive plans.	use complete this form or sign the rece 80 days from the Water Resources Dep may presume the land use associated	ipt below an partment's no with the pro	d return it to the otice date to return the posed use of water is
Receipt for Re	quest for Land Use Inform	ation	
Applicant name:			
City or County:	Staff contact:		
Signature:	Phone:	D	ate:

Form RO-303
Revised 02/2006

6.	Do you currently hold a right to natural flows for irrigating the property described herein?	NO	
	If yes, what is/are the priority date(s)?		
7.	Total quantity of water from storage requested: acre-feet.		

8. Location of land to be irrigated in each 40-acre tract:

TOWNSHIP	RANGE	SECTION	40-ACRE TRACT (1/4) (1/4)	NO. of ACRES	TYPE of IRRIGATED CROP	_
345	RIW	21	NIW N/E	1	LAWAYGARde	N
			RECEIVED E	YOWRD	RECEIVED BY OW	/RD
			OCT 31	2014	OCT 1 4 2014	
			SALEM,	OP		
	•		,		SALEM, OR	

9. What is the present use of the land identified above? [Farming; idle (fallow cultivated land); native (apprever to have been tilled); planted pasture or other (please specify)].			
10.	Is the land identified above currently being irrigated? _NO If yes, what is the source? (natural flows,		

11. Dive	ersion must be cribe plan(s) QUICEM	to comply v	o prevent upta ijth State/Fede	ke of fish and ral fish screen	other aquati standards:	ic life.` WUU	comply	WITH	ODFW
	0								

12. Telephone number where you can be reached during the day: 650 - 222 - 3729

Before returning the completed Contract Data Sheet to the address provided on page 1, please check that you have done the following:

- ANSWERED ALL QUESTIONS COMPLETELY
- ATTACHED AND IDENTIFIED ADDITIONAL SHEET(S) AS NECESSARY
- ATTACHED THE REQUIRED MAP
- SUBMIT PAYMENT FOR THE APPROPRIATE CONTRACT ADMINISTRATION FEE ², MAKE CHECK PAYABLE TO THE U.S. BUREAU OF RECLAMATION
- 1. Section 31001.(i) of the Debt Collection Improvement Act of 1996 (Chapter 10 of Pub. L. 104-134) requires each contractor with an agency of the United States to furnish their taxpayer identifying number (social security number or employer identification number) and each agency to disclose to that contractor its intent to use such number for purposes of collecting and reporting on any delinquent amounts arising out of such contractor's relationship with the Government.
- The minimum contract administration fee for most applications is \$100. However, from time to time this fee may be revised to cover the costs of the United States. We recommend you contact this office to verify the current minimum contract administration fee. In the event that the costs to the United States of evaluating the application are in excess of the minimum contract administration fee, an estimate of the reimbursable costs for which advance payment is required will be provided to the applicant.

	Do you currently hold a right to natural flows for irrigating the property described herein?	NO	
	If yes, what is/are the priority date(s)?		
7.	Total quantity of water from storage requested: acre-feet.		

8. Location of land to be irrigated in each 40-acre tract:

TOWNSHIP	RANGE	SECTION	40-ACRE TRACT (1/4) (1/4)	NO. of ACRES	TYPE of IRRIGATED CROP	
345	RIW	21	NIW N/B	- 1	LAWNYGARde	
			RECEIVI	D BY OWF	RECEIVED BY	OWRD
•			OCT	3 1 2014	OCT 1 4 20	
			SA	EM, OR	SALEM, O	
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9.	What is the present use of the land identified above? [Farming; idle (fallow cultivated land); native (appears
	never to have been tilled); planted pasture or other (please specify)].

10. Is the land identified above currently being irrigated?	NO	If yes, what is the source? (natural flows,
wells, etc.)		

11. Diversion must be screened to prevent uptake of fish and other aquatic life.			
11. Diversion must be screened to prevent uptake of fish and other aquatic life. Describe plan(s) to comply with State/Federal fish screen standards: WWW REQUIREM EN +3	COMPLY	WITH	ODPW
REQUIREMENTS			
\mathcal{O}			

12. Telephone number where you can be reached during the day: 650 - 222 - 3729

Before returning the completed Contract Data Sheet to the address provided on page 1, please check that you have done the following:

- ANSWERED ALL QUESTIONS COMPLETELY
- ATTACHED AND IDENTIFIED ADDITIONAL SHEET(S) AS NECESSARY
- ATTACHED THE REQUIRED MAP
- SUBMIT PAYMENT FOR THE APPROPRIATE CONTRACT ADMINISTRATION FEE ², MAKE CHECK PAYABLE TO THE U.S. BUREAU OF RECLAMATION
- L. Section 31001.(i) of the Debt Collection Improvement Act of 1996 (Chapter 10 of Pub. L. 104-134) requires each contractor with an agency of the United States to furnish their taxpayer identifying number (social security number or employer identification number) and each agency to disclose to that contractor its intent to use such number for purposes of collecting and reporting on any delinquent amounts arising out of such contractor's relationship with the Government.
- ² The minimum contract administration fee for most applications is \$100. However, from time to time this fee may be revised to cover the costs of the United States. We recommend you contact this office to verify the current minimum contract administration fee. In the event that the costs to the United States of evaluating the application are in excess of the minimum contract administration fee, an estimate of the reimbursable costs for which advance payment is required will be provided to the applicant.

CONTRACT DATA SHEET



U.S. Bureau of Reclamation

Attn: PN-3324

RECEIVED BY OWRD

1150 North Curtis Road Boise, ID 83706-1234

208-378-5344

OCT 1 4 2014

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RECLAMATION

	Managing Water in the West	SALEM, OH	OCT 3 1 2014
1. Ap	oplicant Information:		SALEM, OR
A.	Landowners	11.01	*
	Landowners 1) Name of landowner(s): DAVID	5. KIERPA	TEICIC
	2) Address: 195 Rene De	ive	
	3) Mailing Address (if different):	me	
A	4) Taxpayer Identification Number(s):		
	5) Do you own all of the land where you pro	opose to divert and make use	of water?
В.	Water User Organizations (Such as Irrigation Dis Associations & Cooperatives, Irrigation Improvement Distr	tricts, Ditch/Canal Companies, Water	Control Districts, Water User
	1) Name of Organization:		
	2) Name & Title of Applicant:		
	3) Mailing Address of Organization:		
	Taxpayer Identification Number: (Social Security Number or Employer Identification Number)	r) ·	
	 5) Please provide the following information (a) A description of the area served by the organ (b) Copy of organization by-laws, articles of incorepresent and bind the organization under con 	ization (location, total acreage, # or orporation (if applicable), board res otract with the United States.	olution authorizing the applicant to
2. Sou	arce of Water (name of stream, river): Lost	· Creek Res-Ro	gue River
3. Pro	posed point of diversion: 1250 feet	South and 148	to feet West
of_	N/E corner of Section 24	, Township 345, R	ange RIW,
	lamette Meridian.	,	-
4. A w	vater right permit to divert storage water is required for a permit to divert storage water:	uired. Application or file nur	nber with OWRD if you have
5. Incl	See ATTACHED for appearance of the second se	e as required by Oregon Water Res plication for surface/ground water	
Page 1 of 2	J-20009		



Development Services

10 South Oakdale, Room 100

Medford, Oregon 97501

Marcu Lamsay - Con Phone: 541-774-6900 Fax: 541-774-6948

I:\BLDG\FORMS\Letter of Authorization.docx

LET IT BE KNOWN THAT MARCIA RAMSAU - C Has been retained to act as Agent to perform all acts for development on my property identified below. These acts include: Pre-application Conference, Filing applications and/or other required documents relative to all Zoning Applications, Sewage Disposal Permits and Inspections, Assigning an Address, Road Approach Permits, Manufactured Dwelling Permits, Building Permits, and Mechanical Permits (authorization not useable for Plumbing or Electrical Permits per State regulations). 195 Kene DRIVE! Shady Cove, Or 97539 AND DESCRIBED IN THE RECORDS OF JACKSON COUNTY AS: TOWNSHIP 34, RANGE 1W, SECTION 214, TAX LOT(S) 6000 TOWNSHIP , RANGE , SECTION , TAX LOT(S) THE COSTS OF THE ABOVE ACTIONS, WHICH ARE NOT SATISFIED BY THE AGENT, ARE THE RESPONSIBILITY OF THE UNDERSIGNED PROPERTY OWNER. PROPERTY OWNER: This authorization is valid for 1 year, 2 years; Other (Must select one) SIGNATURE: Lynn m. 460m DATE: 7/28/3614 PRINTED NAME: LUNA HOYN ADDRESS: 333 Mtn. View Dr. # 123PHONE: 541. 621.2436 CITY/STATE/ZIR: Talent, DR 97540 FAX: CHECK ONE: APPLICANT PRINTED NAME: MARCIA RAMSON - COOLS

ADDRESS: 1117 E. JACKSON PHONE: 541-944-1757 ADDRESS: 1117 & JACKSON CITY/STATE/ZIP: Medford, Or 97504 FAX: 541-779-Additional, if necessary - CHECK ONE: APPLICANT AGENECEIVED BY OWRD SIGNATURE: OCT **3 1** 2014 PRINTED NAME: _____ RECEIVED BY OWRD PHONE: SALEM, OR ADDRESS: CITY/STATE/ZIP: 00T 1 4 2014 FAX:

LETTER OF AUTHORIZATION

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 this 15 day of Jerhalle, 2014.

Lynn Horn

STATE OF Oregon

)ss.

County of Jackson

son

This instrument was acknowledged before me on this by **Lynn Horn**.

this 5 day of

Notary Public for Oregon My commission expires:

8/15/16

OFFICIAL SEAL
SHENYL DARLENE BLAISDELL
NOTARY PUBLIC - OREGON
COMMISSION NO. 470084
MY COMMISSION EXPIRES AUGUST 15, 2016

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SALEM, OR

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OCT 3 1 2014

SALEM, OR

Page 2 of 2



After recording return to: First American Title Insurance 1225 Crater Lake Ave #101 Medford, OR 97504

Until a change is requested all tax statements shall be sent to the following address: David S. Kirkpatrick 195 Rene Drive Shady Cove, OR 97539

File No.: 7161-2289896	(SDB)
Deter 101/271 7014	

THIS SPACE RESERVED FOR RECORDER'S USE
Recorded Electronically
ID
County
Simplifile.com 800.460.5657
800.460.5657

STATUTORY WARRANTY DEED

Lynn Horn, Grantor, conveys and warrants to **David S. Kirkpatrick**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Jackson, State of Oregon, described as follows:

Lot 22 of RIVER VIEW ESTATES SUBDIVISION to the City of Shady Cove, Jackson County, Oregon, according to the Official Plat thereof, recorded in Volume 8, Page 62, Plat Records. EXCEPTING THEREFROM the South Half of said Lot 22.

Subject to:

The 2014-2015 Taxes, a lien not yet payable.

2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is \$422,000.00. (Here comply with requirements of ORS 93.030)

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OCT 3 1 2014

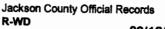
SALEM, OR

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OCT 1 4 2014

SALEM, OR

Page 1 of 2



2014-024702

Stn=3 MORGANSS U9/18/3 \$10.00 \$11.00 \$10.00 \$8.00 \$20.00

09/18/2014 12:37:13 PM

\$59.00



After recording return to: First American Title Insurance 1225 Crater Lake Ave #101 Medford, OR 97504

Until a change is requested all tax statements shall be sent to the following address: David S. Kirkpatrick 195 Rene Drive Shady Cove, OR 97539

File No.: 7161-2289896 (SDB)

Date: July 21, 2014

THIS SPACE RESE

I, Christine Walker, County Clerk for Jackson County, Oregon, certify that the instrument identified herein was recorded in the Clerk records.

Christine Walker - County Clerk

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SALEM, OR

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OCT 3 1 2014

SALEM, OR

Page 1 of 2