



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.

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PROPERTY SELLER INFORMATION

Applicant(s): John and Lora Daniels AUG 04 2014
First Last
 Mailing Address: 51761 NW Clapshaw Hill Rd.
 Forest Grove OR 97116 SALEM, OR
City State Zip
 Phone: 503-432-6956
Home Work Other

PROPERTY BUYER INFORMATION

Applicant(s): Walter W. Wright and Jannett Braun
First Last
 Mailing Address: 51761 NW Clapshaw Hill Rd.
 Forest Grove OR 97116
City State Zip
 Phone: 1-360-798-4916
Home Work Other

PROPERTY DESCRIPTION (attach additional pages if necessary):

County: Washington Township: 1 North Range: 4 West Section: 5

Tax Lot Number(s): R0766870

Street address of water right property: 51761 NW Clapshaw Hill Rd. Forest Grove, OR 97116

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

Application #: R-56247 Permit #: R6666 Certificate or Page #: 52910

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

Name of individual completing this form: Vicki Burr Phone: 503-290-6204

Signature: Vicki Burr Date: 6/30/14

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

STATE OF OREGON

COUNTY OF WASHINGTON

CERTIFICATE OF WATER RIGHT

This Is to Certify, That JOHN M. AND LORA C. DANIELS

of 7525 Elizabeth Road, Vacaville , State of California 95688 , has made
proof to the satisfaction of the Water Resources Director, of a right to store the waters of
unnamed stream, tributary to Gales Creek, appropriated under Permit 42019 in
Heisler Reservoir,

for the purposes of
fish culture
under Reservoir Permit No. R-6666 , and that said right to store said waters has been
perfected in accordance with the laws of Oregon; that the priority of the right hereby confirmed
July 20, 1977
dates from

that the amount of water entitled to be stored each year under such right, for the purposes afore-
said, shall not exceed 2.0 acre-feet

The reservoir is located in

NE 1/4 SW 1/4
SE 1/4 SW 1/4
Section 5
Township 1 North, Range 4 West, WM

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SALEM, OR

WITNESS the signature of the Water Resources Director, affixed
this date. March 21, 1985

./s/ William H. Young
Water Resources Director

Recorded in State Record of Water Right Certificates, Volume 47 , page 52910

6389C

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NOV 17 1984

WATER RESOURCES DEPT
SALEM, OREGON

FORM 690-10-140

ASSIGNMENT

I, Richard C. Heisler of
(Name of Permittee)

3605 FOREST GROVE, OREGON 97116
(Mailing Address) (City) (State) (Zip)

do hereby assign all my interest in and to Water Right Application R-56247,
Permit R-6666, as filed in the office of the Water Resources Director, to
JOHN M. & LORA C. DANIELS
(Name)

7525 ELIZABETH RD., VACAVILLE, CALIFORNIA 95688
(Mailing Address) (City) (State) (Zip)

WITNESS my hand this 16 day of OCTOBER, 19 84.

STATE OF OREGON, }
County of Marion.

I certify that the within was received by me
on the 13 day of November, 19 84, at 8:00
o'clock A. m., and was recorded in Miscellaneous
Records, Vol. 6 Page 1326

Richard C. Heisler
(Signature of Permittee)

Phyllis J. Weber
(Witness)
10-16-84

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SALEM, OR

FORM 690-10-140

ASSIGNMENT

RECEIVED

NOV 17 1984

WATER RESOURCES DEPT.
SALEM, OREGON

I, Richard C. Heisler
(Name of Permittee)

of 3605 PACIFIC AV E. FOREST GROVE, OREGON 97116
(Mailing Address) (City) (State) (Zip)

do hereby assign all my interest in and to Water Right Application 56246,
Permit 42019, as filed in the office of the Water Resources Director,
to JOHN M. & LORA C. DANIELS
(Name)

7525 ELIZABETH RD. VACAVILLE, CALIFORNIA 95688
(Mailing Address) (City) (State) (Zip)

STATE OF OREGON, }
County of Marion. WITNESS my hand this 16 day of OCTOBER, 19 84.

I certify that the within was received by me
on the 13 day of November, 19 84, at 8:00
o'clock A. m., and was recorded in Miscellaneous
Records, Vol. 6 Page 1326

Richard C. Heisler
(Signature of Permittee)

Phyllis J. Weber
(Witness)
10-16-84

Application No. R-56047.....

Permit No. R 6666.....

**Permit to Construct a Reservoir
and Store for Beneficial Use the Public Waters
of the State of Oregon**

This is to certify that I have examined the foregoing application and do hereby grant the same subject to the following limitations and conditions. The right herein granted is limited to the construction of Heister..... Reservoir and storage of water from unnamed stream to be appropriated under application No. 56246, permit No. 42019 for fish culture

The right hereunder shall be limited to the storage of 2.0..... acre feet.

The priority date of this permit is July 20, 1977.....

Actual construction work shall begin on or before November 4, 1978..... and shall thereafter be prosecuted with reasonable diligence and be completed on or before October 1, 1979.....

WITNESS my hand this 4th..... day of November....., 1977.....

James E. Larson
Water Resources Director

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SALEM, OR

Application No. R-56047

Permit No. R 6666

RECEIVED STATE OF OREGON WATER RESOURCES DEPARTMENT

JUL 20 1977
WATER RESOURCES DEPT
SALEM, OREGON
Application for a Permit to Construct a Reservoir

I, Richard C Heisler
(Name of Applicant)

of Rt 2 Box 362A, Forest Grove
(Mailing Address) (City)

State of Oregon, 97116, Phone No. 357-2381
(Zip Code)

do hereby make application for a permit to construct the Heisler reservoir
and to store the unappropriated waters of the State of Oregon, subject to existing rights.

1. The name of the stream from which the reservoir is to be filled is unnamed stream
tributary to Gales Creek

2. If not in channel of a stream, state how it is to be filled.

3. The dam will be located in the SE¹ $\frac{1}{4}$ of the SW $\frac{1}{4}$ of Section 5,
Township 1N, Range 4W, W. M.

4. The maximum height will be 4 feet above stream bed or ground surface at the
centerline. The top width will be 12 feet, slope of upstream face 3:1,
slope of downstream face 2:1, and height of dam above water line when full
? feet.

5. The dam will be (check one) earthfill, concrete, flashboard, other.
If "other", give description:

6. Give the location, description, and dimensions of the outlet conduit: 8" pipe
with spillway on north end
(All dams across natural stream channels must be provided with an outlet conduit, of such capacity and location to pass the normal flow of the stream at any time)

THIS APPLICATION PREPARED BY:
Radelberg

Application No. R-56247

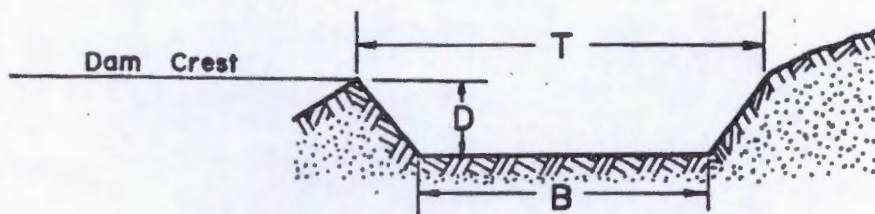
Permit No. R 6666

7. The impounded water will be used for fish culture

8. The amount of water to be stored is 2 acre feet.

9. The area submerged by the reservoir, when full, will be $\frac{1}{3}$ acres,
and the maximum depth of water will be 6 feet.

10. Give the location and dimensions of the spillway north end of dam
(State whether over or around dam)



The bottom width of the spillway, B, will be 12 feet.

The top width of the spillway, T, will be 18 feet.

The distance between the crest of the dam and the crest of the spillway, D, will be $2\frac{1}{2}$ feet.
(Must be at least $2\frac{1}{4}$ feet)

If any other type of spillway describe and give dimensions:

8" pipe

11. Construction work will begin on or before completed

12. Construction work will be completed and the reservoir filled by completed

Remarks:

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SALEM, OR

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Richard C. Heiser
Signature of Applicant

This is to certify that I have examined the foregoing application, together with the accompanying maps and data, and return the same for.....

In order to retain its priority, this application must be returned to the Water Resources Director with corrections on or before....., 19.....

WITNESS my hand this..... day of....., 19.....

Water Resources Director

By.....

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SALEM, OR

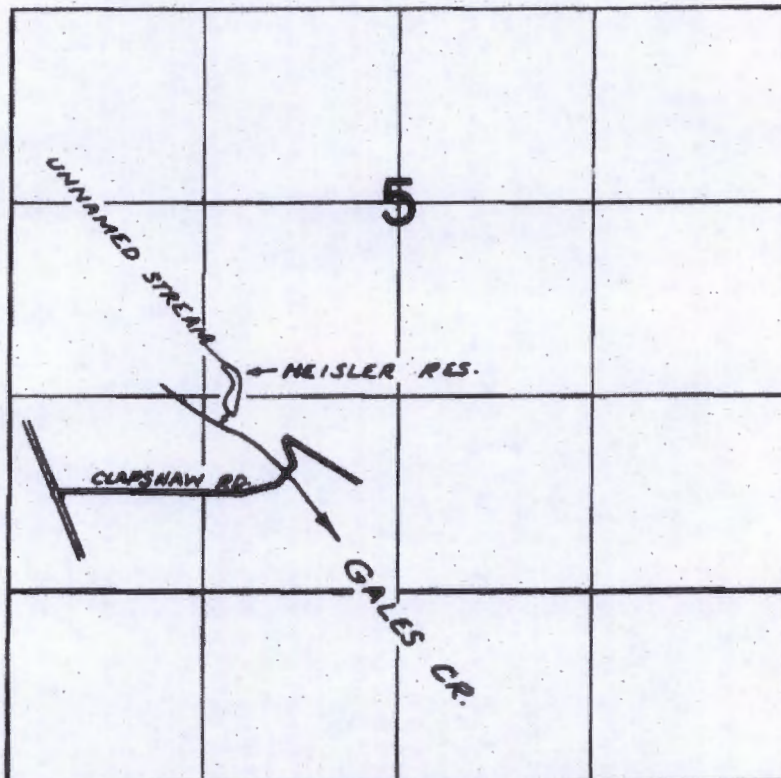
This instrument was first received in the office of the Water Resources Director at Salem, Oregon, on the

20 day of July, 1977, at 3:00 o'clock P.M.

Application No. R-56247

Permit No. R-6666

T.1N.R.4W.W.M.



DIV. PT. LOC: 1210' N. 93790' W. FROM S.E. COR. SEC. 5

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SALEM, OR

FINAL PROOF SURVEY UNDER

Application No. ^{R-56247} ~~56246~~ Permit No. ^{R-6666} ~~42019~~
IN NAME OF

JOHN M. & LORA C. DANIELS

Surveyed MAY 2, 1977, by R. MUCKEN

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

639481
ID TAG NO.

STATE FILE NUMBER

4300854

1. Legal Name First: Lora Middle: Coleen Last: Daniels			Suffix	2. Death Date April 26, 2013	
3. Sex Female	4. Age 73 years	5. Social Security Number		6. County of Death Washington	
7. Birthdate		8. Birthplace Gaston, Oregon	9. Decedent's Education Associate's degree		
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 2025 Elm Street #5B			14. City/Town Forest Grove		
15. Residence County Washington		16. State or Foreign Country Oregon	17. Zip Code + 4 97116	18. Inside City Limits? Yes	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage John Michael Daniels			
21. Usual Occupation Administrative Assistant			22. Kind of Business/Industry City Government		
23. Father's Name Loris Cole Williams			24. Mother's Name Prior to First Marriage Vera M Tupper		
25. Informant's Name John M Daniels		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 51761 NW Clapshaw Hill Road, Forest Grove, OR 97116	
29. Place of Death Hospital-Inpatient		30. Facility Name Tuality Community Hospital			
31. Location of Death 335 SE 8th Avenue		32. City/Town or Location of Death Hillsboro	33. State Oregon	34. Zip Code + 4 97123	
35. Method of Disposition Burial		36. Place of Disposition Hillside Cemetery		37. Location Forest Grove, Oregon	
38. Name and Complete Address of Funeral Facility Fulten, Rose & Hoyt Funeral Home (Forest Grove) 2308 Pacific Avenue, Forest Grove, Oregon 97116					
39. Date of Disposition May 03, 2013		40. Funeral Director's Signature Jeffrey W Hoyt		41. OR License Number CO-3189	
42. Registrar's Signature Julie J Clarke		43. Date Received MAY 03 2013		44. Local File Number 13-1122	
45. Amendment Death Date was April 23, 2013, corr. by Med.Cert.Affid. May 03, 2013, JL Clarke, Dep.Reg.					
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 1205
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
RECEIVED BY OWRD					
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SALEM, OR					
52. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Jean Korchinski M.D., 3307 19th Avenue, Forest Grove, Oregon 97116					
53. Name and Title of Attending Physician if Other than Certifier					
54. Title of Certifier MD		55. License Number OR 11788		56. Date Signed (MM/DD/YYYY) 5/2/2013	
57. 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)			58. 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.		
59. Amendment					

45-2DP (01/06)



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.

MAY 03 2013

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



DATE ISSUED: _____

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

STATE OF OREGON

CERTIFICATE OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

639481
FD TAG NO.

STATE FILE NUMBER

1. Legal Name First Last Middle Last Suffix Lora Coleen Daniels		2. Death Date April 26, 2013	
3. Sex Female	4. Age 73 YEARS	5. Social Security Number	
6. Marital Status Married	7. Residence Gaston, Oregon	8. County of Death Washington	
9. Decedent's Education Associate's Degree		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 2025 Elm Street #5B		14. City/Town Forest Grove	
15. Residence County Washington	16. State or Foreign Country Oregon	17. Zip Code + 4 97116	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage John Michael Daniels	
21. Usual Occupation Administrative Assistant		22. Kind of Business/Industry City Government	
23. Father's Name Loris Cole Williams		24. Mother's Name Prior to First Marriage Vera M Tusoper	
25. Informant's Name John M Daniels	26. Informant's Relationship to Decedent Spouse	27. Mailing Address 51761 NW Clatslaw Hill Road, Forest Grove, OR 97116	
28. Place of Death Hospital-Inpatient		29. Facility Name Tuinity Community Hospital	
30. Location of Death 335 SE 8th Avenue		31. City/Town or Location of Death Hillsboro	
32. Method of Disposition Burial		33. Location Forest Grove, Oregon	
34. Name and Complete Address of Funeral Facility Fulton, Rose & Howl Funeral Home (Forest Grove) 2308 Pacific Avenue, Forest Grove, Oregon 97116		35. OR License Number CO-3189	
36. Date of Disposition May 03, 2013		37. Local File Number 13-1122	
38. Funeral Director's Signature Jeffrey W Woyt		39. Date of Death MAY 03 2013	
40. Amended Death Date was April 23, 2013, corr. by Med. Cert. Attd. May 03, 2013, JL CINT/ke.			
41. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. Time of Death 1205	
45. 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.			
46. Cause of Death			
47. Final disease or condition resulting in death?			
48. Subsequent conditions, if any, leading to the cause listed on line 47. ENTER THE UNDERLYING CAUSE LAST (Cause or injury that initiated the events resulting in death).			
49. Other conditions			
50. Marital or Legal Status			
51. Date of Injury (month & year or MM/YY)			
52. Time of Injury			
53. Place of Injury (e.g., Decedent's home, construction site, restaurant, etc., railroad, wooded area)			
54. Describe how injury occurred			
55. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
56. Name and Address of Coroner (number & street or PO Box, city, state, ZIP+4) Jean Korzhinski M.D., 3307 19th Avenue, Forest Grove, Oregon 97116			
57. Name and Title of Attending Physician (Other than Coroner)			
58. Title of Coroner			
59. License Number			
60. Date Signed (month & year)			
61. Medical Certifier - On the basis of my knowledge, death occurred at the time, date, and place stated on this certificate and minor details.			
62. 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.			

4300064

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER



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.

MAY 03 2013

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

DATE ISSUED: THIS COPY IS NOT VALID WITHOUT INTEGRAL STATE SEAL AND BORDER.

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AUG 04 2014

SALEM, OR



After recording return to:
Walter Wayne Wright and Jannett
Braun
51761 NW Clapshaw Hill Road
Forest Grove, OR 97116

Until a change is requested all tax
statements shall be sent to the
following address:
Walter Wayne Wright and Jannett
Braun
51761 NW Clapshaw Hill Road
Forest Grove, OR 97116

File No.: 7001-2252593 (Irf)
Date: May 12, 2014

Consideration: \$450,000.00

Washington County, Oregon **2014-039545**
D-DW
Stn=11 S PFEIFER 06/30/2014 12:59:53 PM
\$20.00 \$11.00 \$5.00 \$450.00 \$20.00 **\$506.00**

THIS SPACE RESERVED

I, Richard Hobernicht, Director of Assessment and Taxation and Ex-
Officio County Clerk for Washington County, Oregon, do hereby
certify that the within instrument of writing was received and
recorded in the book of records of said county.

Richard Hobernicht, Director of
Assessment and Taxation, Ex-Officio

STATUTORY WARRANTY DEED

John M. Daniels, Grantor, conveys and warrants to **Walter Wayne Wright and Jannett Braun**, as **tenants by the entirety**, 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 Washington, State of Oregon, described as follows:

A portion of the Southwest quarter of Section 5, Township 1 North, Range 4 West of the Willamette Meridian, in the County of Washington and State of Oregon, described as follows:

FIRST AMERICAN 2252593-ST

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SALEM, OR

Beginning at the Southwest corner of Section 5, thence North 00°39'10" East 685.10 feet along the West line of Section 5, to an iron pipe on the North line of a tract sold to John Gedlich, et ux, by Deed recorded in Book 247, Page 671; thence South 89°44'50" East 1635.59 feet along the North line of the Gedlich Tract and the North line of a tract conveyed to Charles J. James by Deed recorded in Book 149, Page 134, and a 1/2 inch iron pipe; thence North 12°20' West 166.64 feet along the Westerly line of a tract conveyed to Archie V. Olson by Deed recorded in Book 412, Page 230 to Lts Northwest corner and a 1/2 inch iron pipe; thence North 58°18' East 145.84 feet along the Olson North line to the Northwest corner of a tract conveyed to Leland H. Curry, et ux, by Deed recorded in Book 457, Page 379, which point bears North 89°44'50" West 50.60 feet from a 3/4 inch iron pipe; thence South 38°29' East, along the center of Gales Creek, to a point in the center of Clapshaw Hill Road as dedicated by Deed recorded in Book 1112, Page 553, Records of Washington county, and said point also being the true point of beginning of the herein described tract; thence in the center of Gales Creek, upstream, North 38°29' West to the Northwest corner of said Curry Tract; North 42°19'20" West 36.64 feet, North 66°22' West 210.32 feet, North 54°24'10" West 541.12 feet; thence North 69°42'30" West 426.70; and North 51°58'40" West 205.71 feet to the Southerly line of a tract conveyed to Winifred H. Larson by Deed in Book 291, Page 233; thence leaving Gales Creek and along the South line of the Larson Tract, and its Easterly extension North 89°44'20" East 1537 feet, more or less, to a point that is 600 feet West of the Northeast corner of a tract conveyed to Harrison Heisler, et ux, by Deed recorded in Book 392, Page 503, which Northeast corner is on the East line of the Southwest quarter of Section 5; thence South 1°14' West parallel to the Heisler East line and 600 feet West of the East line of the Heisler Tract, to a point on the center line of said Clapshaw Hill Road; thence Westerly, following said centerline to the true point of beginning. EXCEPT that portion within Clapshaw Hill Road. ALSO EXCEPT that portion described in Dedication Deed recorded January 12, 2011, as Fee No. 2001002484.

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

Subject to:

1. 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 **\$450,000.00**. (Here comply with requirements of ORS 93.030)

RECEIVED BY OWRD
AUG 04 2014
SALEM, OR

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 27 day of June, 2014.

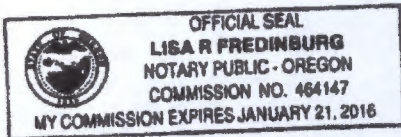
John M. Daniels
John M. Daniels

STATE OF Oregon)
)ss.
County of Washington)

This instrument was acknowledged before me on this 27 day of June, 2014
by John M. Daniels.

Lisa Fredinburg
Lisa Fredinburg

Notary Public for Oregon
My commission expires: 01/21/16



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AUG 04 2014

SALEM, OR