



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 OWRD

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-56246 Permit #: 42019 Certificate or Page #: 52911

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 the use of the waters of unnamed stream

a tributary of Gales Creek for the purpose of maintenance of reservoir constructed under Permit R-6666 for fish culture

under Permit No. 42019 and that said right to the use of said waters has been perfected in accordance with the laws of Oregon; that the priority of the right hereby confirmed dates from July 20, 1977

that the amount of water to which such right is entitled and hereby confirmed, for the purposes aforesaid, is limited to an amount actually beneficially used for said purposes, and shall not exceed 0.03 cubic foot per second

or its equivalent in case of rotation, measured at the point of diversion from the stream. The point of diversion is located in the SE 1/4 SW 1/4, Section 5, T1N, R4W, WM; 1210 feet North and 3790 feet West from SE Corner, Section 5.

The amount of water used for irrigation, together with the amount secured under any other right existing for the same lands, shall be limited to ----- of one cubic foot per second per acre, providing no water shall be appropriated from direct flow of the stream during the period from July 31 through September 15 of each year,

and shall conform to such reasonable rotation system as may be ordered by the proper state officer. A description of the place of use under the right hereby confirmed, and to which such right is appurtenant, is as follows:

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

The right to the use of the water for the purposes aforesaid is restricted to the lands or place of use herein described and is subject to minimum flows established by the Water Policy Review Board with an effective date prior to this right.

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 52911

Application No. 56246

Permit No. 42019

Permit to Appropriate 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 EXISTING RIGHTS INCLUDING THE EXISTING FLOW POLICIES ESTABLISHED BY THE WATER POLICY REVIEW BOARD and the following limitations and conditions:

The right herein granted is limited to the amount of water which can be applied to beneficial use and shall not exceed 0.03 cubic feet per second measured at the point of diversion from the stream, or its equivalent in case of rotation with other water users, from unnamed stream and Heisler Reservoir to be constructed under application No. R 56247, permit No. R 6666 providing no water shall be appropriated from direct flow of the stream during the period from July 31 through September 15 of each year.

The use to which this water is to be applied is fish culture

If for irrigation, this appropriation shall be limited to of one cubic foot per second or its equivalent for each acre irrigated

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and shall be subject to such reasonable rotation system as may be ordered by the proper state officer.

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

Complete application of the water to the proposed use shall be made on or before October 1, 1980

WITNESS my hand this 4th day of November, 1977

James E. Sexton
Water Resources Director

Remarks:.....
.....
.....
.....
.....
.....
.....

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Richard C. Heiser
Signature of Applicant

SALEM, OR

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

In order to retain its priority, this application must be returned to the Water Resources Director with corrections on or before November 21, 1977....., 19.....

WITNESS my hand this 19th..... day of September....., 19...77.....

James E. Sexson..... Water Resources Director

By *Larry Toll*
Larry Toll

RECEIVED
SEP 26 1977
WATER RESOURCES DEPT
SALEM, OREGON

This instrument was first received in the office of the Water Resources Director at Salem, Oregon, on the 20..... day of July....., 19...77....., at 3:00..... o'clock P.M.

Application No. 56246.....

Permit No. 42019.....

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

639481
I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

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 [REDACTED]		6. County of Death Washington	
7. Birthdate [REDACTED]	8. Birthplace Gaston, Oregon	9. Decedent's Education Associate's degree		12. Was Decedent Ever in U.S. Armed Forces? Yes	
10. Was Decedent of Hispanic Origin? No			11. Decedent's Race(s) White		14. City/Town Forest Grove
13. Residence: Number and Street 2025 Elm Street #5B			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 Fuliten, 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 <i>Jeffrey W Hoyt</i>		41. OR License Number CO-3189	42. Registrar's Signature <i>Julie J Clarke</i>	
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 checked="" type="checkbox"/> No		49. Time of Death 1205	
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
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; color: blue; margin: 0;">RECEIVED BY OWRD</p> <p style="font-size: 1.2em; color: blue; margin: 0;">AUG 04 2014</p> <p style="font-size: 1.2em; color: blue; margin: 0;">SALEM, OR</p> </div>					
62. 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					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier MD		65. License Number OR 11788		66. Date Signed (MM/DD/YYYY) 5/2/2013	
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>Jordan MD</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					

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

DATE ISSUED: _____

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

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





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 (lrf)
Date: May 12, 2014

Consideration: \$450,000.00

Washington County, Oregon **2014-039545**
D-DW
Str=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 FOR THE ORIGINAL INSTRUMENT

I, Richard Hobemicht, 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 Hobemicht, 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:

15-652822-5T
FIRST AMERICAN

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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)

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AUG 04 2014

EXHIBIT 4a - Photocopy

SALEM, OR

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

639481 ID TAG NO. STATE FILE NUMBER

1. Legal Name First: John M. Daniels Middle: Coleen Last: Daniels Suffix:		2. Death Date April 25, 2013	
3. Sex Female	4. Age 73 years	5. Social Security Number	
7. Birthplace Gaston, Oregon		8. 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. Marital Status at Time of Death Married		19. 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. Tucker	
25. Informant's Name John M. Daniels		26. Relationship to Decedent Spouse	27. Mailing Address 51761 NW Capshaw 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. State Oregon	32. Zip Code + 4 97123
33. Method of Disposition Burial		34. Place of Disposition Hillside Cemetery	
35. Name and Complete Address of Funeral Facility Fulton-Rose & Hoyt Funeral Home (Forest Grove), 2308 Pacific Avenue, Forest Grove, Oregon 97116			
36. Date of Disposition May 03, 2013		37. Funeral Director's Signature Jeffrey W. Hoyt	
38. Registrar's Signature Julie L. Clark		39. Date Registered MAY 03 2013	40. Local File Number 13-1122
41. Amendment Death Date was April 25, 2013, corr. by Reg. Cert. Att'd. May 03, 2013, JL CLARK.			
42. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	44. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
45. Time of Death 1205		46. Cause of Death	
47. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or vascular distillation without providing the etiology. DO NOT ABBREVIATE.			
48. Final disease or condition resulting in death -			
49. Enter the underlying cause last (disease or injury that initiated the events resulting in death).			
50. Other conditions			
51. Manner of Death		52. Was pregnancy within past year?	
53. Date of injury (month/year)		54. Time of injury	
55. Location of injury (street & house or apt. no., city/town, state, zip + 4)		56. Describe how injury occurred	
57. Name and Address of Coroner (street & house or apt. no., city/town, state, zip + 4)		58. Name and Title of Attending Physician (Other than Center)	
59. Title of Coroner		60. License Number	
61. Medical Examiner - On the basis of any knowledge, death occurred at the time, date, and place of death, and due to the cause(s) and manner stated.		62. Date Registered	

45-20P (01/05)

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.

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Jennifer A. Woodward
STATE REGISTRAR