



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
First _____

Daniels

Last _____

AUG 04 2014

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
First _____

and Jannett Braun

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

SALEM, OR

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. 5b24b

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

CERTIFICATE NO. 5d911ASSIGNED, See Misc. Rec. Vol. 6 Page 1326

AUG 04 2014

SALEM, OR.

Application No. 5b241bPermit No. 42019

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STATE OF OREGON WATER RESOURCES DEPARTMENT

JULY 20 1977

Application for Permit to Appropriate Surface Water

WATER RESOURCES DEPT

SALEM, OREGON

Richard C Heisler
(Name of Applicant)of Rt 2 Box 362 A Forest Grove
(Mailing Address) (City)State of Oregon Phone No. 357-2381 do hereby
(Zip Code)

make application for a permit to appropriate the following described waters of the State of Oregon:

1. The source of the proposed appropriation is Heisler ReservoirUNNAMED STREAM and HEISLER RESERVOIR, a tributary of Gales Creek
R.C. H.2. The point of diversion is to be located 1130 ft N and 1600 ft E
from the SW corner of Section 5 TIN R4W
(N. or S.) (E. or W.)
(Public Land Survey Corner)

(If there is more than one point of diversion, each must be described)

being within the SE 1/4 of the SW 1/4 of
Sec. 5 Tp. 1N R. 4W, W.M., in the county of Washington
(N. or S.) (E. or W.)

3. Location of area to be irrigated, or place of use if other than irrigation.

Township	Range	Section	List <u>1/4</u> <u>1/4</u> of Section	List use and/or number of acres to be irrigated
<u>1N</u>	<u>4W</u>	<u>5</u>	<u>SE 1/4 of SW 1/4</u>	<u>fish culture</u>

Form 690-1-0-1-77

THIS APPLICATION PREPARED BY:

Al Selby

FROM INFORMATION FURNISHED BY:

4. The amount of water which the applicant intends to apply to beneficial use is 8.04

cubic feet per second..... (If water is to be used from more than one source, give quantity from each) **RECEIVED BY OWRD**

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5. The use to which the water is to be applied is Fish Culture AUG 02

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6.

DESCRIPTION OF WORKS

Include dimensions and type of construction of diversion dam and headgate, length and dimensions of supply ditch or pipeline, size and type of pump and motor, type of irrigation system to adequately describe the proposed distribution system.

If for domestic use state number of families to be supplied..... No

No.

7. Construction work will begin on or before..... Completed

completed

8. Construction work will be completed on or before..... Completed

Completed

9. The water will be completely applied to the proposed use on or before..... completed

completed

Application No. 510246

Permit No. 42019

42019

Remarks:.....

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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.

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

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

RECEIVED
SEP 26 1977
WATER RESOURCES DEPT.
SALEM, OREGON

SEP 23 1977

**WATER RESOURCES DEPT
SALEM, OREGON**

SEP 23 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**

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

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 Clapham 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 Fuiten, Rose & Hoyt Funeral Home (Forest Grove)		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 L 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 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

TO BE COMPLETED BY MEDICAL CERTIFIER

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SALEM, OR

62. Name and Address of Certifier (Name & Street or RFD No., City/Town, State, Zip + 4) Jean Korchinski M.D., 3307 19th Avenue, Forest Grove, Oregon 97116			<input type="checkbox"/> Univer/Superior <input type="checkbox"/> Hospital <input type="checkbox"/> Other (Specify) _____	
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier MD		65. License Number OR 11788	66. Date Signed (MON 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:

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

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





After recording return to:
Walter Wayne Wright and Jannett
Braun
51761 NW Clapham 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 Clapham 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 06/30/2014 12:59:53 PM
SIn=11 S PFEIFER \$20.00 \$11.00 \$5.00 \$450.00 \$20.00 \$506.00

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

THIS SPACE FOR
RECORDED INFORMATION

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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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

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.

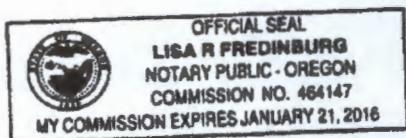
Dated this 27 day of June, 2014.

John M. Daniels
John M. Daniels

STATE OF Oregon)
County of Washington)
)ss.
)

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



RECEIVED BY OWRD

AUG 04 2014

SALEM, OR

AUG 04 2014

EXHIBIT "B"-Photocopy

SALEM, OR

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

ID TAG NO. 639481 STATE FILE NUMBER

1. Legal Name	First: Lori	Middle: Coleen	Last: Daniels	Suffix:	2. Death Date
					April 25, 2013
3. Sex	4. Age	5. Social Security Number	6. County of Death		
Female	73 years		Washington		
7. Residence	8. Birthplace	9. Education			
	Gaston, Oregon	Associate's degree			
10. Who Directed Hospital Discharge?	11. Decedent's Race(s)	12. West Discharge Ever In U.S. Armed Forces? Yes			
No	White				
13. Residence: Number and Street	14. City/Town	15. Inside City Limits? Yes			
2025 Elm Street #58	Forest Grove				
16. Residence County	17. Zip Code + 4	18.			
Washington	97136				
19. Marital Status at Time of Death	20. Spouse's Name Prior to First Marriage	21. Place of Business/Industry			
Married	John Michael Daniels	City Government			
22. Usual Occupation	23. Father's Name	24. Mother's Name Prior to First Marriage			
Administrative Assistant	Loris Cole Williams	Vera M Tupper			
25. Father's Name	26. Telephone Number	27. Relationship to Decedent	28. Mailing Address	29. State	
John M Daniels	Not Available	Spouse	51761 NW Clapham Hill Road, Forest Grove, OR 97116	Oregon	
30. Place of Death	31. Facility Name	32. City/Town or Location of Death	33. Zip Code + 4	34. Zip Code + 4	
Hospital-Inpatient	Hospital-Patient	Hillsboro	97123	97123	
35. Location of Death	36. Place of Disposition	37. Location of Death	38. Location	39. Location	
335 SE 8th Avenue	Burial	Hillsboro	Forest Grove	Forest Grove, Oregon	
40. Name and Complete Address of Funeral Facility	41. Date of Disposition	42. Date Received	43. Off License Number	44. Local File Number	
Hallie Rose & Hoyt Funeral Home (Forest Grove), 2308 Pacific Avenue, Forest Grove, Oregon 97116	May 03, 2013	Jeffrey W Hoyt	CD-3189	13-1122	
45. Name of Crematory	46. Funeral Director's Signature	47. Name of Physician	48. Time of Death		
			1205		
49. Amendment	Death Date was April 25, 2013, corr. by Med.Cert. ALFIA, May 03, 2013, JL Lister Dep. Reg.				
50. Date of Death	MAY 03, 2013				
51. Name and Address of Creditor (Name & Street or P.O. Box, City/Town, State, Zip + 4)	52. Name and Address of Debtor (Name & Street or P.O. Box, City/Town, State, Zip + 4)	53. Description of Injury	54. If transportation injury, specify		
Jean Korchinski M.D., 3307 19th Avenue, Forest Grove, Oregon 97116			<input type="checkbox"/> Driver/Passenger <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian		
55. Name and Title of Attending Physician (Other than Certifier)	56. Name and Address of Certifier (Name & Street or P.O. Box, City/Town, State, Zip + 4)	57. Date of Injury prior to YYYY	58. Time of Injury	59. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	60. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Jennifer A. Woodward, Ph.D.	Jennifer A. Woodward, Ph.D.				
61. Description how Injury occurred	62. Name and Address of Certifier (Name & Street or P.O. Box, City/Town, State, Zip + 4)	63. Name and Address of Medical Examiner (Name & Street or P.O. Box, City/Town, State, Zip + 4)	64. Title of Certifier	65. License Number	66. Date Signed over 80/99
			Jennifer A. Woodward, Ph.D.	502103	
67. Medical Examiner - To indicate if any abnormalities, death occurred at the time, place, and manner stated. ► Jennifer A. Woodward, Ph.D.	68. Medical Examiner - On the basis of observation, under investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ►				
69. Signature					

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

DATE ISSUED: MAY 03 2013

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

ANY ALTERATION OR FRAUD VOIDS THIS CERTIFICATE.

JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR

45-2DP (01/06)

STATE OF OREGON
1859

OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION