Application for a Permit to Use

Surface Water



SECTION 1: APPLICANT INFORMATION AND SIGNATURE

JAMES E.				PHONE (HM) (951) 96/-3630
ONE (WK) (951) 961-36	30 CELI	L (951)	961-3630	FAX
DRESS 35200 (QUARTE		REET	
+ fuctipA	STATE CA	ZIP 9239 9	E-MAIL * Sim. 6	eshleman@ngc.com
ganization Information				•
ME			PHONE	FAX
DRESS				CELL
Y	STATE	ZIP	E-MAIL *	
			<u> </u>	RECEIV
gent Information – The agent	t is authorized to	represer		matters relating to this application
ENT / BUSINESS NAME			PHONE	FAX MAY
DRESS				CELL SA
Y	STATE	ZIP	E-MAIL *	
ote: Attach multiple copies as By providing an e-mail addres	s, consent is giv			
By providing an e-mail addres ctronically. (paper copies of	ss, consent is give the final order d	locument		.) PEUSA
By providing an e-mail addres	es, consent is give the final order der rm that I under	locument	s will also be mailed	AP
By providing an e-mail address ctronically. (paper copies of my signature below I confined as a sking to use water as Evaluation of this application.)	ss, consent is give the final order dear that I under the respecifically as cation will be ba	rstand: described ased on in	s will also be mailed in this application. formation provided	AP in the application packet.
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SECTION 2: PROPERTY OWNERSHIP

Revised 2/1/2012 **C-88**227

Please indicate if you own all the land conveyed, and used.	ls associated with	the project fron	which the water is	to be diverted,
Yes There are no encumbranc This land is encumbered by	es. by easements, righ	nts of way, road	s or other encumbran	nces.
☐ No ☐ I have a recorded easement of I do not currently have well written authorization or a own are state-owned submoderatic use only (ORS 2 ☐ Water is to be diverted, or List the names and mailing addresses	ritten authorization in easement is not mersible lands, and 274.040). conveyed, and/or u	n or easement p necessary, beca d this application used only on fed	ermitting access. tuse the only affected is for irrigation and eral lands.	d/or
List the names and maning addresses	or an affected fair	downers (anacr	i aaaiiionai sneeis ij	necessary).
You must provide the legal description property crossed by the proposed ditcused as depicted on the map. SECTION 3: SOURCE OF WAT	h, canal or other			
A. Proposed Source of Water	LEK			
Provide the commonly used name of t stream or lake it flows into. If unnam		m which water	will be diverted, and	the name of the
Source 1: RESERVOIR	Tributary to:	ROUHE	RIVER	RECEIVED BY OWRE
Source 2:	Tributary to:			APR 1 4 2016
Source 3:	Tributary to:			SALEM, OR
Source 4:	Tributary to:			
If any source listed above is stored was a copy of the document or list the doc				
				RECEIVED BY OWRE
B. Applications to Use Stored Wate				MAY 0 2 2016
Do you, or will you, own the reservoir	r(s) described in i	tem 3A above?		OALERA CHE
Yes.	/ 50	E ATTA	HED BOD	SALEM, OF CONTRACT).
No. (Please enclose a cop to file this application, wh			he operator of the re	servoir of your intent

Surface Water/4

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			application using the expedited instruction booklet for more			
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 y to you. 	your written agreement wi	ith the party (if any) deliverin	ng the water from the reservoir			
SECTION 4: WATER US	SE					
gallons-per-minute (gpm).	If the proposed use is from	each source, for each use, in storage, provide the amount 325,851 gallons or 43,560 cu				
SOURCE	USE	PERIOD OF USE	AMOUNT			
LOST CREEK RESERVOIR	1 R-RIGATION	4/1 - 10/37	5.0 Cfs gpm af			
			cfs gpm af			
			☐ cfs ☐ gpm ☐ af			
			☐ cfs ☐ gpm ☐ af			
For irrigation use only: Please indicate the number of primary and supplemental acres to be irrigated.						
Primary: 1.4 Acres						
List the Permit or Certificate number of the underlying primary water right(s): Indicate the maximum total number of care feet you expect to use in an irrigation season: SALEM, OR						
Indicate the maximum total	number of acre-feet you	expect to use in an irrigation	season:			
• If the use is municipal	or quasi-municipal, attac	ch Form M	R SQEAVLD 87 0 7 -			
• If the use is domestic , indicate the number of households:						
• If the use is mining , describe what is being mined and the method(s) of extraction:						

Revised 2/1/2012 \$-88222

SECTION 5: WATER MANAGEMENT

What equipment will you use to pump water from your source?	
Pump (give horsepower and type): AMT Pump - 1.0 HP. (MODE)	2826-95)
Other means (describe):	
Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water.	RECEIVED BY OWN
B. Application Method What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler) IMPACT SPRINKER	APR 1 4 2016
Sprinker) IMPACT SE EL LECE IC	SALEM, OR
C. Conservation Please describe why the amount of water requested is needed and measures you propose to: propose	MAY 0 2 2018
SECTION 6: RESOURCE PROTECTION	SALEM, OF
In granting permission to use water from a stream or lake, the state encourages, and in some instar careful control of activities that may affect the waterway or streamside area. See instruction guide possible permit requirements from other agencies. Please indicate any of the practices you plan to protect water resources.	e for a list of
Diversion will be screened to prevent uptake of fish and other aquatic life. Describe planned actions: HOSE INTAKE WILL HAVE STAKE TO MINIMUM OF	ELF CLEANING ODW REQUIREMENTS.
Excavation or clearing of banks will be kept to a minimum to protect riparian or streat Describe planned actions: IRRIGATION INTAKE WILL BE OUER THE BANK AND REMOVED DURING THE BANK EXCAUSTION IS REQUE	INSTALLED HE WINTER
Operating equipment in a water body will be managed and timed to prevent damage to Describe: EQUIPMENT IS OPERATED OFF OF A TIMER AND FLOAT VALUE. PUMP ONLY OPERANCEDED. INTAKE IS GLEFNED AND SIZED TO AT LEAST MINIMUM ODW REQUIPMENT Water quality will be protected by preventing erosion and run-off of waste or chemical	TES WHEN MET GMENTS. al products.
Describe: SUSTEM PROPOSED IS DESIGNED TO WATER STANDARDS. NO CHEMICAL PRODUCTS OR ARE INTRO DUCED TO THE WATER SUPPLY. PROJU BE MANAMED ACCORDING TO BEST PRACTICES TO Revised 2/1/2012 WATER TURBIDITY. Surface Water/6	ECT WILL

SECTION 7: PROJECT SCHEDULE

Date construction will begin:	A5AD-	PRIOR	70	SUMMER	HEAT	SEAS=~		
Date construction will be completed:	ASAP-	t)		£1	4	41		
Date beneficial water use will begin:	ASAP-	r.		+(1.	11		
SECTION 8: WITHIN A DISTRICT								
☐ Check here if the point of diversion or place of use are located within or served by an irrigation or other water district.								
Irrigation District Name		Address		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
City		State		Zip				

SECTION 9: REMARKS

Use this space to clarify any information you have provided in the application.

4. S. B. R. RECLAMATION CONTRACT APPLICATION HAS BEEN FILED TO USE WATER FROM LOST CREEK RESERVIOL.

HEARINED PYCHAD

APR 1 4 2015

SALEM, OF

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MAY 02 2016

Jackson County Tax Collector



Payment Date

04-07-2016 899478

Cashier LEALFL Station MXL4322886

As Of Date **Printed Date** 04-07-2016 04-07-2016

James E. Eshleman 35200 QUARTZ ST YUCAIPA, CA 92399

ESHLEMAN JAMES EDWARD/SUZANNE LEIGH KEI

66 MEADOW LN EAGLE POINT/COUNTY, OR 97524

35200 QUARTZ ST

YUCAIPA, CA 92399

Tax ID

10251956

Account ID

10251956

Roll Type

Real

Property Desc

341W03-D0-00900

Code Area

0906

Tax Year	Payment	Tax Credit	Interest	Discount	Fees	Adjustments	
2015	\$804.98	(\$784.07)	\$20.91	\$0.00	\$0.00	\$0.00	
	\$804.98	(\$784.07)	\$20.91	\$0.00	\$0.00	\$0.00	
	Ralance Due	\$784.07					

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MAY 02 2016

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APR 1 4 2015

SALEM, OF

Comments

Counter

Payments Change Due \$804.98 \$0.00

Total Payment

\$804.98

Payor

Туре	Identifier
Check	3675

Amount

\$804.98 \$804.98

James E. Eshleman 35200 QUARTZ ST YUCAIPA, CA 92399

> Page 1 of 1 Payment Date 04-07-2016

J-88222

Land Use Information Form



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

Applicant:	JAM	ES A	AAD First	SUZA	NNE	ESH	LE MA	7	
Mailing Ac	ldress:	35	200	a	NNE NARTZ	STRE	ET		
400	AL PA			State	92399 Zip	Daytime Pl	hone: <u>(95)</u>) 961	1-3630
A. Land and Location Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.									
Township	Range	Section	1/4 1/4	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)		Water to be:		Proposed Land Use:
34W	IW	03D	NW/SE	900		Diverted	Conveyed	▼ Used	RESIDEN
						Diverted	Conveyed	Used	
						☐ Diverted	Conveyed	Used	
						☐ Diverted	☐ Conveyed	☐ Used	
									APR 1 4
B. Descr	ption of	Propos	ed Use						SALEM.
					es Department:				
Permit to Limited V				Right Transfe tion of Conse			r Ground Water	Registrat	ion Modificat
Source of w	ater: 🔲 R	Reservoir/Po	ond 🔲	Ground Water	er Surface Wate	er (name) L	ST CRE	EK R	ZE SERV
Estimated q	uantity of	water need	ded:	5.0	cubic feet p		gallons per		
ntended us	e of water:		ation nicipal	Commerc Quasi-Mu	_		Domestic for		sehold(s)
Briefly desc	ribe:					•			
WATE		TILL		USED			EXISTIN	•	~0
PIZOPO					DSCAPING DOW LANE		SUBJEC	. T	
1120	PERM	7	(00	MEA	DOW LANE	<u> </u>			
					***************************************				The state of the s
Note to app	licant: If	the Land U	Use Informa	ation Form	cannot be completed w	hile you wait	t, please have	a local	CEIVED
overnment Vater Reso			me receipt	at the bottor	n of the next page and	include it Wi	in the applicat	ion mea	MAY 0 2
									WAI U

See bottom of Page 3. \longrightarrow Surface Water/9

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SALEM, OF

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 b	pelow and provide the requeste	d informat	tion	
☐ Land uses to be served by the proposed wa regulated by your comprehensive plan. Cit	ater uses (including proposed construction te applicable ordinance section(s):	n) are allowe	d outright or are	not
Land uses to be served by the proposed was use approvals as listed in the table below. (have already been obtained. Record of Acapprovals have been obtained but all ap	(Please attach documentation of applicabilition/land-use decision and accompanyin	ole land-use a g findings ar	pprovals which e sufficient.) If	•
Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Lan	d-Use Approval:	
mointain Ti parion heb. to t	8.4/6.2-1	Obtained Denied	Being Pursued Not Being Pursue	ed
, ,		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursue	ed
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursue	ed
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursue	ed
		Obtained Denied	☐ Being Pursued ☐ Not Being Pursue	ed
			<u>A</u>	PR 1 2018 PALES OF
Name: Francisco W. Hernando	Title: Planner III			
Signature: Joseph West Covernment Entity: Jackson Co	(λ)	4.6903	Date: <u>4.7.2</u>	2014
Note to local government representative: Papplicant. If you sign the receipt, you will have completed Land Use Information Form or WR compatible with local comprehensive plans.	e 30 days from the Water Resources Dep	partment's no with the prop	tice date to return losed use of water	er is
Receipt for R	Request for Land Use Informa	ation		
Applicant name:			DECE	VED BY OWED
City or County:	Staff contact:			VED BY OWRD
Signature:	Phone:	Da	ite:M	AY 0 2 2018

Revised 2/1/2012 \$-86227

WRSALEM, OR

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8-89222

CONTRACT DATA SHEET



U.S. Bureau of Reclamation Attn: PN-3324 1150 North Curtis Road Boise, ID 83706-1234 208-378-5344

Managing Water in the West

PECCEVILLE DE RIVAD

SALEM, OF

				With 1 4 20th
1.	Ap	plic	cant Information:	
	A.			SALEM, OR
		1)	Name of landowner(s): JAMES AND SUZANDE ESHIE	EMAN
		2)	Address: 35200 QUARTZ STREET, FUCAIDA	CA. 92399
		3)	Mailing Address (if different):	
		4)	Taxpayer Identification Number(s): 548-23-2046 (Social Security Number or Employer Identification Number) 1.	
		5)	Do you own all of the land where you propose to divert and make use of water?	
	B.		Ater User Organizations (Such as Irrigation Districts, Ditch/Canal Companies, Water Control Districts, Water (sociations & Cooperatives, Irrigation Improvement Districts, and similar entities organized according to State Law)	Iser
		1)	Name of Organization:	
		2)	Name & Title of Applicant:	
		3)	Mailing Address of Organization:	
		4)	Taxpayer Identification Number: (Social Security Number or Employer Identification Number)	
		5)	Please provide the following information: (a) A description of the area served by the organization (location, total acreage, # of water users, prominer (b) Copy of organization by-laws, articles of incorporation (if applicable), board resolution authorizing the represent and bind the organization under contract with the United States.	
2.	Sou	rce	of Water (name of stream, river): LOST CREEK RESERVOIR, TRIBUTARY	OF ROUGE RIVE
			ed point of diversion: 2,554. feet WEST and 2,463. feet No.	
			E corner of Section 3 , Township 34 , Range / W	
			nette Meridian.	
	A w	ater ied	r right permit to divert storage water is required. Application or file number with OWRD if for a permit to divert storage water: SEE ENCLOSED APPLICAT	f you have
; .	Inch	ıde	e a map of lands and diversion points. [Same as required by Oregon Water Resources Deplement].	BY OWR
			NA .	AY A 9 7053

6.	6. Do you currently hold a right to natural flows for irrigating the property described herein?							
7.	Total quanti	y of water from	n storage requ	ested: 5	0	acre-feet.		
8. Location of land to be irrigated in each 40-acre tract:								
	TOWNSH	IP RANGE	SECTION	40-ACRE TRACT (1/4) (1/4)	NO. of ACRES	TYPE of I	RRIGATED CROP	
	34	1W	03D	NW/SE NE/SW	1.3	LAWN,	AND GARDEN	
	34	IN	03D	NE/SW	0.1	LAWN	AND GARDEN	
							— AEGERE	CENTOWN
							APR	1 4 3016
							SALL	EW. OR
wells, etc.) 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: WILL SCREEN WILL SCR								
	PRIO	2 70	DIVER	TING WAT	FER.			
12. '	Felephone nu	mber where yo	ou can be reac	hed during the day:	1951) 961-	3630	
				Sheet to the address prov				В
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							E	
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.								
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. RECEIVED BY OWRD							m.	
Page ') of?						,	

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CONTRACT WATER

An option for obtaining water for irrigation would be to contract with the Bureau of Reclamation for a water supply from the <u>Lost Creek</u> or <u>Applegate</u> Reservoirs.

Landowners may apply for a Lost Creek or Applegate Reservoir Irrigation Water Service Contract by completing the Contract Data Sheet and mailing it to the Bureau of Reclamation (BOR) Office in Idaho. Assuming the contract requirements are met, BOR will prepare a water service contract which will be sent to you for review and signature. Landowners may apply to contract for an annual amount of water of up to a maximum of <u>4.5 acre-feet per acre</u> which is the current unit-duty established by the State for this area.

There is a \$100 fee for preparation of a new contract, which is not due until a contract is executed. Currently, the annual charge for storage water from the Rogue River Project is \$8 per acre-foot (\$50 minimum fee for 20 acre-feet or less).

If you have any questions regarding the stored water or application process, please contact Bill Parks at (208) 378-5344 or by e-mail at wparks@usbr.gov

In addition, applicants approved for contract water must also apply for a <u>permit to use surface</u> <u>water</u> through the State of Oregon Water Resource Department (OWRD). Your **local Watermaster** can help facilitate this process or you can contact the OWRD office in Salem at (503)986-0900.

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MAY 02 2016

Jackson County Official Records 2014-006580 R-WD 03/21/2014 02:04:37 PM

THIS SPACE RES

Stn=1 MORGANSS

\$59.00

\$10.00 \$11.00 \$10.00 \$8.00 \$20.00

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



After recording return to: First American Title Company 1225 Crater Lake Ave. Medford, OR 97504

Until a change is requested all tax statements shall be sent to the following address:

James Edward Eshleman and Suzanne Leigh Keith Eshleman

35250 (", ua

File No.: 7161-2207354 (DEW)

Date: March 13, 2014

STATUTORY WARRANTY DEED

Gayle Anglin, Trustee or her successors in trust, under the Anglin Family Trust dated April 1, 1998, Grantor, conveys and warrants to James Edward Eshleman and Suzanne Leigh Keith Eshleman 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 Jackson, State of Oregon, described as follows:

LOTS 10 AND 11, "ROGUE ACRES", A SUBIDIVISON IN JACKSON COUNTY, OREGON, ACCORDING TO THE OFFICIAL PLAT THEREOF, NOW OF RECORD.

Subject to:

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 \$175,000.00. (Here comply with requirements of ORS 93.030)

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MAY 02 2016

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SALEM, OR

C-88222

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 20 th day of MARCH, 2014.

Gayle Anglin, Trustee or her successors in trust, under the Anglin Family Trust dated	RECEIVED BY OWRD
April 1, 1998	MAY 0 2 2016
Bayle Anglin, Trustee	SALEM, OR
STATE OF COLORado) State of WELD) State of WELD)	
. 741	
This instrument was acknowledged before me on this 20 day by Gayle Anglin, Trustee of the Anglin Family Trust.	Solman
BARBARA GELMAN Notary Public State of Colorado Notary ID 20054020788 Commission Expires May 23 2017	1615/CoLORONO 1res: 5/23/17

Page 2 of 2

2

5-88222

Jackson County Official Records 2014-006580

R-WD

Stn=1 MORGANSS \$10.00 \$11.00 \$10.00 \$8.00 \$20.00

03/21/2014 02:04:37 PM

\$59.00



After recording return to: First American Title Company 1225 Crater Lake Ave. Medford, OR 97504

Until a change is requested all tax statements shall be sent to the following address: James Edward Eshleman and Suzanne Leigh Keith Eshleman

File No.: 7161-2207354 (DEW

Date: March 13, 2014

3520 Cuarte

THIS SPACE RES

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

STATUTORY WARRANTY DEED

Gayle Anglin, Trustee or her successors in trust, under the Anglin Family Trust dated April 1, 1998, Grantor, conveys and warrants to James Edward Eshleman and Suzanne Leigh Keith Eshleman 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 Jackson, State of Oregon, described as follows:

LOTS 10 AND 11, "ROGUE ACRES", A SUBIDIVISON IN JACKSON COUNTY, OREGON, ACCORDING TO THE OFFICIAL PLAT THEREOF, NOW OF RECORD.

Subject to:

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 \$175,000.00. (Here comply with requirements of ORS 93.030)

RECEIVED BY OWRD

MAY 02 2016

SALEM, OR

Page 1 of 2

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.

Gayle Anglin, Trustee or her successors in trust, under the Anglin Family Trust dated April 1,1998

Gavle Anglin, Trustee

County of

This instrument was acknowledged before me on this 20 day of _

by Gayle Anglin, Trustee of the Anglin Family Trust.

BARBARA GELMAN **Notary Public** State of Colorado Notary ID 20054020788 My Commission Expires May 23, 2017 Notary Public for \(\omega \)

My commission expires:

RECEIVED BY OWRD

MAY **02** 2016

Page 2 of 2 SALEM, OR



Water Resources Department

North Mall Office Building 725 Summer St NE, Suite A Salem, OR 97301 Phone (503) 986-0900 Fax (503) 986-0904 www.wrd.state.or.us

April 14, 2016

James Eshleman 35200 Quartz Street Yucaipa, California 92399

Dear James:

The Water Resources Department has received your application to use or store water. At this time, however, we are unable to accept your application because the minimum filing requirements have not been met according to the Oregon Administrative Rules (OAR 690-310-0040 and 0050).

We are therefore returning the incomplete application and fees. You may resubmit the application with the additional required information and fees noted on the enclosed checklist.

Should you have any questions, please contact Water Right Customer Service at 503-986-0801.

Sincerely

Jerry Sauter

Water Rights Program Analyst

Cc: OWRD Fiscal

RECEIVED BY OWRD

MAY **02** 2016

Jerry Sauter 04-27-2016

Water Rights Program Analyst Water Resources Department 725 Summer Street NE, Suite A North Mall Office Building Salem, OR 97301

Please find attached our returned application package along with two copies of the property grant deed with legal description. Per our phone conversation, the copies are not certified.

The property address is: 66 Meadow Lane

Shady Cove, Oregon 97539

Or: 341W03D Tax Lot 900

I believe this completes the necessary information, however, please let me know if there is anything required.

We deeply appreciate your timely service in working through this matter.

Thank Ybu, Jim Eshleman

(951) 961-3630

35200 Quartz Street Yucaipa, CA 92399 RECEIVED BY OWRD

MAY 02 2016

SALEM, OF