



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

Applicant(s): Wilfred + Blanche Peters

Mailing Address: ## (deceased)

City State Zip

Phone: Home Work Other

PROPERTY BUYER INFORMATION

Applicant(s): Patrick + Dawn Peters

Mailing Address: 8300 NW Evers Rd
Forest Grove OR 97116

Phone: 503-357-7211 503-799-2267

PROPERTY DESCRIPTION (attach additional pages if necessary):

County: Washington Township: 1N Range: 4W Section: 24

Tax Lot Number(s): 200

Street address of water right property: _____

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

Application #: 537023 Permit #: 527512 Certificate or Page #: 81301

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

Name of individual completing this form: Patrick Peters Phone: 503-357-7211

Signature: [Signature] Date: 2-3-16

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

Exhibit "A"

Real property in the County of Washington, State of Oregon, described as follows:

Parcel 1:

The East half of the following described property, to-wit: Beginning at a point on the Western boundary of the E.C. Johnson Donation Claim in Section 24, Township 1 North, Range 4 West of the Willamette Meridian, said beginning point being 4.70 chains North 1°20' East of the corner of the said E.C. Johnson D.L.C. on the North boundary of the Wesley Mulkey D.L.C., and running thence North 1°20' East on the Western boundary of said E.C. Johnson D.L.C. 24.86 chains to a post; thence South 89°31' West parallel with Northerly boundary of said Section 24, 10 chains to a post; thence North 1°20' East parallel with Western boundary of the said E.C. Johnson D.L.C. 10 chains to a stone on Northern boundary of said Section 24, thence South 89°31' West on Section Line 14.30 chains to a point 6.77 chains North 89°31' East of the Northwest corner of said Section 24; thence South 1°38' East 20 chains to a post; thence South 88°50' West 20 chains to a stone; thence South 1°25' East 13.95 chains to a post; thence South 88°50' East parallel with the North boundary of the above named Wesley Mulkey D.L.C. 42.52 chains to the place of beginning, subject to the rights of the public in public roads as same now exist over and across said land.

Parcel 2:

Beginning at the intersection of the East line of the Homestead claim of Joel Fairchild and Sarah Fairchild and the North line of Section 24, Township 1 North, Range 4 West of the Willamette Meridian, thence South far enough to include 10 acres of land in a square and compact form, except that portion lying North of the County Road.

Parcel 3:

Beginning at an iron rod set on the East and West centerline of Section 10, Township 1 North, Range 4 West, of the Willamette Meridian, Washington County, Oregon, North 89°12' East 762.96 feet from the quarter section corner on the West line of said Section 10, and running thence on the centerline of Section 10, North 89°12' East 1507.44 feet to the Northeast corner of that certain tract of land conveyed to A.W. Miller, et ux, by deed recorded on Page 553 of Book 309, Deed Records; from which corner a 1-1/4 inch pipe at the center of Section 10, bears North 89°12' East 352.5 feet; thence South 0°28' East 3325.6 feet to a point which is North 88°58' West 745.1 feet and North 0°28' West 30.0 feet from a 3/4 inch pipe at the Southeast corner of the William B. Poe D.L.C. No. 55, in Township 1 North, Range 4 West of the Willamette Meridian; thence parallel to the South line of the Poe claim, North 88°58' West 906.84 feet to a point; thence South 0°28' East 30.0 feet to a point on the South line of the Poe claim; thence along the claim line, North 88°58' West 331.1 feet to a point which is South 88°58' East 2272.38 feet from a stone at the southwest corner of the Poe D.L.C.; thence North 58°55' West 331.8 feet to the Southeast corner of that certain tract of land conveyed to J.E. Lewton Jr. and Pearl I. Lewton by Deed recorded on Page 63 of Book 217, Washington County Deed Records; thence North 0°14' West 3140.8 feet to the place of beginning.

EXCEPT the following described property: A tract of land in Section 15, Township 1 North, Range 4 West, Willamette Meridian, Washington County, Oregon, described as follows: Beginning at a point on the South line of the W.B. Poe D.L.C. No. 55 which is South 88°58' East 2373.13 feet from the Southwest corner thereof; thence North 0°14' West 256.0 feet parallel with the West line of that tract conveyed to Wilfred Peters et ux by Deed recorded in Deed Book 460 at Page 240 on March 30, 1962; thence West 384.5 feet to a point on the West line of said Peters tract which is North 0°14' West 84.35 feet from the most Westerly Southwest corner thereof; thence South 0°14' East 84.35 feet to the most Westerly Southwest corner of said Peters tract; thence South 58°55' East 331.8 feet to an iron on the South line of the W.B. Poe D.L.C.; thence South 88°58' East 100.75 feet along the South line of said Poe D.L.C. to the place of beginning.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

689659

ID TAG NO

STATE FILE NUMBER

1. Legal Name First: Wilfred Middle: Albert Last: Peters			Suffix	2. Death Date May 11, 2015	
3. Sex Male	4. Age 87 years	5. Social Security Number 543-42-7238		6. County of Death Washington	
7. Birthdate May 13, 1927	8. Birthplace Forest Grove, Oregon		9. Decedent's Education High school grad. or GED		
10. Was Decedent of Hispanic Origin? No			11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No	
13. Residence Number and Street 44034 NW Kemper Road			14. City/Town Forest Grove		
15. Residence County Washington		16. State or Foreign Country Oregon	17. Zip Code + 4 97116	18. Inside City Limits? No	
19. Marital Status at Time of Death Widowed		20. Spouse's Name Prior to First Marriage Blanche Bernadette VandenBerghe			
21. Usual Occupation Farmer		22. Kind of Business/Industry Agriculture			
23. Father's Name Albert Peters		24. Mother's Name Prior to First Marriage Catherine Hillecke			
25. Informant's Name Brenda L Braxmeyer		26. Telephone Number Not Available	27. Relationship to Decedent Daughter	28. Mailing Address 3409 Singletree Street, Forest Grove, OR 97116	
29. Place of Death Decedent's Residence		30. Facility Name			
31. Location of Death 44034 NW Kemper Road		32. City/Town or Location of Death Forest Grove		33. State Oregon	34. Zip Code + 4 97116
35. Method of Disposition Burial		36. Place of Disposition Visitation Catholic Cemetery		37. Location Forest Grove, Oregon	
38. Name and Complete Address of Funeral Facility Fuiten, Rose & Hoyt Funeral Home (Forest Grove) 2308 Pacific Avenue, Forest Grove, Oregon 97116					
39. Date of Disposition TBD		40. Funeral Director's Signature Jeffrey W Hoyt		41. OR License Number CO-3189	
42. Registrar's Signature Julie A Clarke		43. Date Received MAY 20 2015		44. Local File Number 15-1256	
45. Amendment					
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. Title of Death I530
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	
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓ Coronary Artery disease		year	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Hypertension, Diabetes Mellitus II, Hypertension, Congestive heart failure		Due to (or as a consequence of) ↓			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)					
60. Describe how injury occurred				61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Richard Apau M.D., 5920 NE Ray Circle, Hillsboro, Oregon 97124					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier Physician		65. License Number MD 20337	66. Date Signed (MM/DD/YYYY) 05/17/2015		
67. Medical Certifier - To the best of his/her knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			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. Attainment					

4480756

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

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

DATE ISSUED:

MAY 20 2015

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

JENNIFER A. WOODWARD
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

248013

I.D. TAG NO.

1909

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

	1. DECEDENT'S NAME First: Blanche Middle: Bernadette Last: PETERS				2. SEX Female	3. DATE OF DEATH (Month, Day, Year) September 29, 1999
	4. SOCIAL SECURITY NUMBER 542-34-1799	5a. AGE-Last Birthday (Years) 72	5b. Under 1 Year Mos. Days	5c. Under 3 Day Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Butler, MN	7. DATE OF BIRTH (Month, Day, Year) February 6, 1927
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
1	9b. FACILITY NAME (If not institution, give street and number) 44034 N.W. Kemper Road			9c. CITY, TOWN, OR LOCATION OF DEATH Forest Grove		9d. COUNTY OF DEATH Washington
2	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed, Divorced (Specify)) Wilfred A.
3	13a. RESIDENCE - STATE Oregon	13b. COUNTY Washington	13c. CITY, TOWN OR LOCATION Forest Grove		13d. STREET AND NUMBER 44034 N.W. Kemper Road	
4	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5)			
5	17. FATHER - NAME first middle last Raymond Vandenberghe		18. MOTHER - NAME first middle maiden Elizabeth Schafer		19. INFORMANT - NAME and relationship to decedent Wilfred Peters - Husband	
DISPOSITION	20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Visitation Cemetery		20c. LOCATION - City of Town, State Verboort, Oregon	
7	21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Ann P. Dwyer</i>		21b. OREGON LICENSE NO. (Of Licensee) CO-3651	22. NAME, ADDRESS AND ZIP OF FACILITY Forest Grove Memorial Chapel 1920 Pacific Ave. Forest Grove, OR. 97116		
REGISTRAR	23. DATE FILED (Month, Day, Year) OCT 01 1999			24. REGISTRAR'S SIGNATURE <i>Jimmie F. Bennett</i>		
RESERVED FOR REGISTRAR'S USE						
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
10	27. TIME OF DEATH 7:22 A		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CERTIFIER	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Randy Pitts</i>			32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)		
12	30. DATE SIGNED (Month, Day, Year) 9-29-99			33. DATE SIGNED (Month, Day, Year) COUNTY		
13	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) R. J. Pitts, M.D.; 256 S.E. 2nd Hillsboro, Oregon 97123					
14	35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE						
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)						
PART I						
(a) DUE TO, OR AS A CONSEQUENCE OF <i>Cardiopulmonary arrest</i>						
(b) DUE TO, OR AS A CONSEQUENCE OF <i>Over stress heart failure</i>						
(c) DUE TO, OR AS A CONSEQUENCE OF <i>Arteriosclerosis</i>						
PART II						
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I <i>hypertension, probable diabetes mellitus</i>						
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown						
38. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No						
39. If YES are findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
15	40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
16	41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
17	RESERVED FOR REGISTRAR'S USE					
CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY						

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev 11/88

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE WASHINGTON COUNTY REGISTRAR.

OCT 04 1999

DATE ISSUED _____

Jimmie F. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

