



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  
First Last  
 Mailing Address: (deceased)  
 \_\_\_\_\_  
City State Zip  
 Phone: \_\_\_\_\_  
Home Work Other

### PROPERTY BUYER INFORMATION

Applicant(s): Patrick + Dawn Peters  
First Last  
 Mailing Address: 8300 NW Evers Rd.  
Forest Grove OR 97116  
City State Zip  
 Phone: 503-357-7211 503-799-2267  
Home Work Other

### PROPERTY DESCRIPTION (attach additional pages if necessary):

County: Washington Township: 1N Range: 4W Section: ~~4W~~ 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 #: R 37022 Permit #: R 2647 Certificate or Page #: 33214

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: Patrick Peters 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: <b>Wilfred</b> Middle: <b>Albert</b> Last: <b>Peters</b> Suffix:			2. Death Date <b>May 11, 2015</b>	
3. Sex <b>Male</b>	4. Age <b>87 years</b>	5. Social Security Number <b>543-42-7238</b>		6. County of Death <b>Washington</b>
7. Birthdate <b>May 13, 1927</b>		8. Birthplace <b>Forest Grove, Oregon</b>		9. Decedent's Education <b>High school grad. or GED</b>
10. Was Decedent of Hispanic Origin? <b>No</b>		11. Decedent's Race(s) <b>White</b>		12. Was Decedent Ever in U.S. Armed Forces? <b>No</b>
13. Residence, Number and Street <b>44034 NW Kemper Road</b>			14. City/Town <b>Forest Grove</b>	
15. Residence County <b>Washington</b>		16. State or Foreign Country <b>Oregon</b>	17. Zip Code + 4 <b>97116</b>	18. Inside City Limits? <b>No</b>
19. Marital Status at Time of Death <b>Widowed</b>		20. Spouse's Name Prior to First Marriage <b>Blanche Bernadette VandenBergh</b>		
21. Usual Occupation <b>Farmer</b>		22. Kind of Business/Industry <b>Agriculture</b>		
23. Father's Name <b>Albert Peters</b>		24. Mother's Name Prior to First Marriage <b>Catherine Hillecke</b>		
25. Informant's Name <b>Brenda L Braxmeyer</b>		26. Telephone Number <b>Not Available</b>	27. Relationship to Decedent <b>Daughter</b>	28. Mailing Address <b>3409 Singletree Street, Forest Grove, OR 97116</b>
29. Place of Death <b>Decedent's Residence</b>		30. Facility Name		
31. Location of Death <b>44034 NW Kemper Road</b>		32. City/Town or Location of Death <b>Forest Grove</b>		33. State <b>Oregon</b>
				34. Zip Code + 4 <b>97116</b>
35. Method of Disposition <b>Burial</b>		36. Place of Disposition <b>Visitation Catholic Cemetery</b>		37. Location <b>Forest Grove, Oregon</b>
38. Name and Complete Address of Funeral Facility <b>Fuitem, Rose &amp; Hoyt Funeral Home (Forest Grove) 2306 Pacific Avenue, Forest Grove, Oregon 97116</b>				
39. Date of Disposition <b>TBD</b>		40. Funeral Director's Signature <i>Jeffrey W Hoyt</i>		41. OR License Number <b>CO-3189</b>
42. Registrar's Signature <i>Julie A. Clarke</i>		43. Date Received <b>MAY 20 2015</b>		44. Local File Number <b>15-1356</b>
45. Amendment				

\*4480756\*

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 <b>1530</b>
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 → 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).		<b>years</b>		
IMMEDIATE CAUSE ↓ a. <b>Coronary Artery disease</b> Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d.				
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <b>Arteriosclerosis, Diabetes Mellitus II, Hypertension, Congestive heart failure</b>				
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 (month day year)	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 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) <b>Richard Apau M.D., 5920 NE Ray Circle, Hillsboro, Oregon 97124</b>				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier <b>Physician</b>		65. License Number <b>MD 20737</b>	66. Date Signed (month day year) <b>05/17/2015</b>	
67. Medical Certifier - To the best of your 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. 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

DATE ISSUED: **MAY 20 2015**

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

*Jennifer A. Woodward*  
**JENNIFER A. WOODWARD, Ph.D.**  
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: <u>Blanche</u> Middle: <u>Bernadette</u> Last: <u>PETERS</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>September 29, 1999</u>	
	4. SOCIAL SECURITY NUMBER <u>542-34-1799</u>		5a. AGE-Last Birthday (Years) <u>72</u>	5b. Under 1 Year Mo: <u>  </u> Days: <u>  </u> Hours: <u>  </u> Mins: <u>  </u>	5c. Under 1 Day Mo: <u>  </u> Days: <u>  </u> Hours: <u>  </u> Mins: <u>  </u>	
	6. BIRTHPLACE (City and State or Foreign Country) <u>Butler, MN</u>			7. DATE OF BIRTH (Month, Day, Year) <u>February 6, 1927</u>		
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) <u>44034 N.W. Kemper Road</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Forest Grove</u>		
				9d. COUNTY OF DEATH <u>Washington</u>		
2	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Homemaker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
3				12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Wilfred A.</u>		
4	13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Washington</u>	13c. CITY, TOWN OR LOCATION <u>Forest Grove</u>		13d. STREET AND NUMBER <u>44034 N.W. Kemper Road</u>	
5	13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97116</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
6			15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) <u>8</u> College (1-4 or 5+) <u>  </u>	
PARENTS	17. FATHER - NAME first middle last <u>Raymond Vandenberghe</u>		18. MOTHER - NAME first middle maiden <u>Elizabeth Schafer</u>		19. INFORMANT - NAME and relationship to deceased <u>Wilfred Peters - Husband</u>	
DISPOSITION	20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Visitation Cemetery</u>		20c. LOCATION - City or Town, State <u>Verboort, Oregon</u>	
7						
8	21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (If Licensee) <u>CO-3651</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>Forest Grove Memorial Chapel 1920 Pacific Ave. Forest Grove, OR. 97116</u>		
REGISTRAR	23. DATE FILED (Month, Day, Year) <u>OCT 01 1999</u>		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
RESERVED FOR REGISTRAR'S USE						
10	TO BE COMPLETED BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER		
11	27. TIME OF DEATH <u>7:22 A</u> M <input type="checkbox"/> P		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH M <input type="checkbox"/> P	
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>[Signature]</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) <i>[Signature]</i>		
12	30. DATE SIGNED (Month, Day, Year) <u>9-29-99</u>			33. DATE SIGNED (Month, Day, Year) _____ COUNTY _____		
13	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>R.J. Pitte, M.D.; 256 S.E. 2nd Hillboro, Oregon 97123</u>					
14	35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____					
CAUSE OF DEATH	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)			Interval between onset and death		
15	PART I (a) <u>Cardiopulmonary arrest</u>			Interval between onset and death <u>  </u>		
	(b) <u>Myocardial infarction</u>			Interval between onset and death <u>  </u>		
	(c) <u>Arteriosclerosis</u>			Interval between onset and death <u>  </u>		
16	PART II OTHER SIGNIFICANT CONDITIONS - Condition contributing to death but not resulting in the underlying cause given in PART I <u>hypertension, probable cholesterol deposits</u>			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 <input type="checkbox"/> N/A
17	40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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? M <input type="checkbox"/> Yes <input type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
			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)	
RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev 11/98

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 \_\_\_\_\_

*[Signature]*  
COUNTY REGISTRAR  
WASHINGTON COUNTY, OREGON

