

COPY

ASSIGNMENT

RECEIVED

NOV 12 1996

WATER RESOURCES DEPT.  
SALEM, OREGON

I, EILEEN ORDONEZ  
(NAME)

1318 Echo Drive                      Roseburg                      Oregon                      97470  
(MAILING ADDRESS)                      (CITY)                      (STATE)                      (ZIP)

do hereby assign all my interest in and to water right  
Application Number S-72095, Permit Number 51845,  
as filed in the office of the Water Resources Director, to:

GARY & KATHLEEN ORDONEZ  
(NAME)

1318 Echo Drive                      Roseburg                      Oregon                      97470  
(MAILING ADDRESS)                      (CITY)                      (STATE)                      (ZIP)

TELEPHONE NUMBER 1-541-672-8491

WITNESS my hand this 17 day of OCTOBER 1996.

Eileen Ordonez  
SIGNATURE OF PERMITTEE

The completed assignment must be submitted to the Water Resources Director, 3850 Portland Road, N.E., Salem, OR 97310, together with a recording fee of \$10.

STATE OF OREGON, )

County of Marion. )

I certify that the within was received by me on the 12th day of November, 1996, at 8 o'clock A. m., and was recorded in the 7 Miscellaneous Records, Vol. 3261 Page 3261

Water Resources Director

OK  
PSM

RECEIVED

OCT 24 1996

WATER RESOURCES DEPT.  
SALEM OREGON

RECEIVED

NOV 12 1996

WATER RESOURCES DEPT.  
SALEM, OREGON

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

3-93-01

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) John		1B. MIDDLE Galvez	1C. LAST (FAMILY) Ordonez
2A. DATE OF DEATH—MO. DAY, YR. 12/04/1993		2B. HOUR 1810	3. SEX M
4. RACE White	5. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES Spanish <input type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. 12/23/1923	7. AGE IN YEARS 69
8. STATE OF BIRTH CA	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Fecundo Ordonez	10B. STATE OF BIRTH Spain
11A. FULL MAIDEN NAME OF MOTHER Consolatio Galvez		11B. STATE OF BIRTH Spain	
12. MILITARY SERVICE 19 40 To 19 44 <input type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 563-24-9644	14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Eileen Lietch
16A. USUAL OCCUPATION Machinist	16B. USUAL KIND OF BUSINESS OR INDUSTRY Shipping	16C. USUAL EMPLOYER Consolidated	16D. YEARS IN OCCUPATION 32
17. EDUCATION—YEARS COMPLETED 11			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1318 Echo Dr.		18B. CITY Roseburg	18C. ZIP CODE 97470
18D. COUNTY Douglas	18E. NUMBER OF YEARS IN THIS COUNTY 6	18F. STATE OR FOREIGN COUNTRY Oregon	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Eileen Ordonez-wife 1318 Echo Dr. Roseburg, OR 97470
19A. PLACE OF DEATH Washington Hospital	19B. IF HOSPITAL, SPECIFY ONE: ER/OP ER/OP	19C. COUNTY Alameda	21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Acute Myocardial Infarction ▶ 15 Min
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2000 Mowry Ave.	19E. CITY Fremont	22. WAS DEATH REPORTED TO CORONER REFPERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (B) Coronary Artery Disease ▶ 5 years	24A. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Carcinoma of Prostate
DUE TO (C) Arteriosclerotic Heart Disease ▶ 10 Year	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. NO	27B. SIGNATURE AND LICENSE NO. OF TITLE OF CERTIFIER MD C20869	27C. CERTIFIER'S LICENSE NUMBER C20869
27A. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 11/29/1990 12/02/1993	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Steven H. Gee, M.D., 595 Estudillo, San Leandro	27D. DATE SIGNED 12/7/93	
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 	28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or cause not to be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR
31. HOUR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) CR/TR/RES	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Eileen Ordonez, 1318 Echo DR. Roseburg, OR	34C. DATE MO. DAY, YR. 12-9-93	35A. SIGNATURE OF EMBALMER not embalmed
35B. LICENSE NO. none	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) AAA Cremation Services	36B. LICENSE NO. 1480	37. SIGNATURE OF LOCAL REGISTRAR no yew
38. REGISTRATION DATE 12/08/1993	A.	B.	C.
STATE REGISTRAR	D.	E.	F.
CENSUS TRACT			

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: MD DEPUTY

DATE: DEC 08 1993