

'96 JUL 31 AIO:47

**STATE OF OREGON**  
**WELL OWNERSHIP INFORMATION FORM**

Pursuant to ORS 537.788, owners of property on which a well is located shall, within 60 days following the construction of a new well or upon property transfer, record the following information in the property deed records. Either the deed recording number or legal description of the property may be used to identify the property.

1. Property Owner Name(s): RUSSELL A. COATS - SARAH LOUISE BELL
2. Mailing Address: 1212 HORTON RD. DAIRY OR, 97625
3. Deed Recording Number (or legal description): W 1/2 SW 1/4 OF SECTION 34, TOWNSHIP 38 SOUTH, RANGE 11 1/2 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF KLAMATH, STATE OF OREGON
4. Well Identification Number(s): L01105

The well identification number is recorded on a label attached to the well casing. If no label is attached to the well, please contact the Water Resources Department for assignment of a well identification number.

**Rights and Responsibilities:** Oregon law finds that ownership and the rights to reasonable control of water within this state belongs to the public to be managed by the Water Resources Department. Most uses of water require a water right issued by the Water Resources Department. However, state law allows some uses of groundwater without benefit of a water right. Contact the Department for more information. The Water Resources Department cannot guarantee the presence of water in the desired amount on a specific property.

In addition to the above, owners of properties on which a well is located are responsible for maintaining that well in a proper manner. Some basic requirements are listed below:

1. All wells shall be maintained in a condition where they are not a threat to public health or safety, a source of contamination, or a waste of the groundwater resource.
2. All wells shall be securely covered to prevent any foreign substance from entering the well.
3. All wells shall be equipped with an access port or airline so that static water level information can be determined at any time.
4. Well casing must be protected from damage and meet minimum extension requirements.
5. Wells may only be permanently abandoned by a licensed and bonded well constructor or a landowner with a valid permit and bond. Well abandonment must be carried out in accordance with state rules.

If you would like further information about water rights, maintaining / abandoning your well, or wish to receive a copy of the administrative rules concerning well construction, please contact the Oregon Water Resources Department by phone at (503) 378-8455, or by mail at 158 12th Street NE, Salem, OR 97310.

I have read the above describing my basic rights and responsibilities related to well ownership.

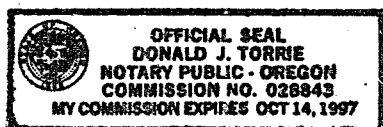
Property Owner Signature(s): Russell A Coats - Sarah Louise Bell

State of Oregon, County of KLAMATH

Signed or attested before me this 31 day of JULY, 19 96

by RUSSELL A COATS AND SARAH LOUISE BELL

(Property owner name)



Donald J. Torrie  
 (Signature of Notary Public)

My Commission Expires: 10-14-97

form date: 1-96

(Recording office use - After recording, return to person listed in 1 and 2, above)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Russell A. Coats the 31st day of July A.D., 19 96 at 10:47 o'clock AM., and duly recorded in Vol. M96 of Deeds on Page 23124.

FEE \$10.00

Bernetha G. Letsch

By

County Clerk

Kathleen Ross

497  
LOCAL FILE NUMBERHealth  
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last Jake J. NELSON			2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) July 2, 1996				
4. AGE LAST BIRTH DAY (Yrs) 77	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTH DATE (Mo, Day, Yr) Feb 17 1919	8. BIRTH PLACE (City, State or Foreign Country) Flaxton, ND	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Cowlitz		
11. CITY, TOWN OR LOCATION OF DEATH Longview			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN HOME 3. IN HOME 4. HOSP. 5. NUR HOME 6. OTHER PLACE Hospice Care Center			13. SMOKING IN LAST 15 YEARS? (Yes / No) No		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name) —		16. SOCIAL SECURITY NO. 535-09-6062		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (14 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Conductor		19. KIND OF BUSINESS OR INDUSTRY Railroad		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White		
22. RESIDENCE—NUMBER AND STREET Lot 9 N 4th		23. CITY/TOWN, OR LOCATION Crescent		24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Klamath	25B. LENGTH OF RES. IN CO. 17yrs	26. STATE OR	27. ZIP CODE 97733
28. FATHER'S NAME—FIRST, MIDDLE, LAST Jake Nelson				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mary Throldohlen				
30. INFORMANT—NAME Maury Mudrick				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 452 NE 27th St Gresham OR 97030				
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Jul 5 1996		34. CEMETERY/CREMATORY—NAME Cowlitz View Memorial Gardens		35. LOCATION—CITY/TOWN, STATE Kelso, Washington		
36. FUNERAL DIRECTOR'S SIGNATURE X <i>Stanley Norquist</i>		37. NAME OF FACILITY McVicker's Chapel On The Hill		38. ADDRESS OF FACILITY 304 Cowlitz Way Kelso, WA 98626				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Stanley Norquist, M.D.</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE —				
40. DATE SIGNED (Mo., Day, Yr) 7-3-96		41. HOUR OF DEATH (24 Hrs) 0834		44. DATE SIGNED (Mo., Day, Yr) —		45. HOUR OF DEATH (24 Hrs) —		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stanley Norquist, M.D.				46. PRONOUNCED DEAD (Mo., Day, Yr) —		47. HOUR PRONOUNCED DEAD (24 Hrs) —		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Stanley Norquist, M.D. 1112 Kessler Blvd Longview, WA 98632				49. MEDICORNER FILE NUMBER —				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		51. DUE TO, OR AS A CONSEQUENCE OF: Liver failure				INTERVAL BETWEEN ONSET AND DEATH 1 mo		
		51. DUE TO, OR AS A CONSEQUENCE OF: Metastatic liver cancer				INTERVAL BETWEEN ONSET AND DEATH 6 mo		
		51. DUE TO, OR AS A CONSEQUENCE OF: Primary lung cancer				INTERVAL BETWEEN ONSET AND DEATH —		
		51. DUE TO, OR AS A CONSEQUENCE OF: —				INTERVAL BETWEEN ONSET AND DEATH —		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) —		55. INJURY DATE (Mo, Day, Yr) —		56. HOUR OF INJURY (24 Hrs) —		57. DESCRIBE HOW INJURY OCCURRED: —		
58. INJURY AT WORK? (Yes / No) —		59. PLACE OF INJURY—AT HOME, FARM, STREET, OFFICE, (BLDG, ETC. (Specify) —		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE —				
61. RECORD AMENDMENT (Specify use only) —				62. SIGNATURE —		63. DATE RECEIVED (Mo., Day, Yr) JUL - 5 1996		

FOR INSTRUCTIONS SEE BACK AND H-1000000

DOH 110-008 (Rev. 2/81) (Formerly DSHS 9-150)

A. 01-003 (6/85)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return to:

Maury Mudrick

452 N.E. 27th St.

Gresham, Or. 97030

Filed for record at request of Maury Mudrick the 31st day of July A.D., 19 96 at 11:02 o'clock A.M., and duly recorded in Vol. M96 of Deeds on Page 23125

Bernetha G. Letsch

County Clerk

By

*Kathleen Lass*

FEE \$10.00