

STATE OF OREGON WELL OWNERSHIP INFORMATION FORM
(FILE WITH COUNTY CLERK'S OFFICE)

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

Property Owner Name(s): Gary N. & Lois K. Welburn

Mailing Address: 515 Creech Road Talent, Oregon 97540

Deed Recording Number (or legal description): M97-339

Well Identification Number(s): L8193

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.

Signature of Property Owner: Gary N. Welburn Lois K. Welburn

Signed or attested before me this 17th day of September, 19 97

Cathy A. Bailey State of Oregon, County of Jackson
(Signature of Notary Public)

My Commission Expires: Jan. 15, 2001 (Notary - Please Place Seal Here)



After Recording return to Property Owner(s)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gary N. Welburn the 16th day of Sept. A.D., 19 97 at 9:27 o'clock A.M., and duly recorded in Vol. M97 of Deeds on Page 30248.

FEE \$10.00

By Bernetha G. Letsch County Clerk
Hester Ross

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

H-11502
 TAG NO.
463
 Local File Number

138

State File Number

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1. DECEDENT'S NAME First: <u>James</u> Middle: <u>Dallas</u> Last: <u>RECTOR</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>September 2, 1997</u>
4. SOCIAL SECURITY NUMBER <u>540-62-5776</u>	5a. AGE-Last Birthday (Years) <u>46</u>	5b. Under 1 Year Mo: <u> </u> Days: <u> </u> Hours: <u> </u> Mins: <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Bend, Oregon</u>
7. DATE OF BIRTH (Month, Day, Year) <u>December 17, 1950</u>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DUA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): <u>Auto Accident</u>	
9. FACILITY NAME (If not institution, give street and number) <u>Crescent Lake Cut-off Rd. at Davis Lake Junction</u>		10. CITY, TOWN, OR LOCATION OF DEATH <u>Crescent</u>	
11. COUNTY OF DEATH <u>Klamath</u>		12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Carol</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN OR LOCATION <u>Gilchrist</u>		13d. STREET AND NUMBER <u>123 Airstrip Road</u>	
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	
16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Trooper</u>		17. KIND OF BUSINESS/INDUSTRY <u>State Police</u>	
18. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		19. DECEASED'S EDUCATION (Specify only highest grade completed) <u>College (14 or 15)</u>	
20. FATHER NAME First: <u>James</u> Middle: <u>Dallas</u> Last: <u>Rector</u>		21. MOTHER NAME First: <u>Rozella</u> Middle: <u>Rhinebarger</u> Last: <u>Carol Rector - Wife</u>	
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Central Oregon Cremation Assoc. Bend, Oregon</u>	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Mark L. Reed</u>		25. LICENSE NUMBER (Of Licensee) <u>3488</u>	
26. DATE FILED (Month, Day, Year) <u>SEP 05 1997</u>		27. NAME, ADDRESS AND ZIP OF FACILITY <u>Niswonger-Reynolds, Inc. 105 NW Irving, Bend, Oregon 97701</u>	
28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA		29. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
30. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
31. TIME OF DEATH <u>6:00 P.M.</u>		32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>9/2/97 6:00 P.M.</u>	
33. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>		34. 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) <u>[Signature]</u>	
35. DATE SIGNED (Month, Day, Year) <u>9/1/97</u>		36. DATE SIGNED (Month, Day, Year) <u>9/1/97</u>	
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Laura Robin, D.O. 124 NW Hawthorne Ave., Bend, OR 97701</u>			
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
39. 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) <u>Head and Chest Injuries</u>		Interval between onset and death	
(b) <u> </u>		Interval between onset and death	
(c) <u> </u>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I			
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41. DATE OF INJURY (Month, Day, Year) <u>9/2/97</u>	
42. TIME OF INJURY <u>6:00 P.M.</u>		43. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) <u>Street</u>		45. DESCRIBE HOW INJURY OCCURRED <u>Driver of automobile hit by truck</u>	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>Crescent Lake Cut-off Rd/Davis Lake Jctn, west of Gilchrist</u>		47. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL-VITAL STATISTICS COPY
 THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: SEP 05 1997

Marlene Blevins
 MARLENE BLEVINS
 COUNTY REGISTRAR
 KLAMATH COUNTY, OREGON

STATE OF OREGON, ss.
 County of Klamath
 Filed for record at request of:
Niswonger-Reynolds, Inc.
 on this 16th day of Sept. A.D., 1997
 at 9:27 o'clock A. M. and duly recorded
 in Vol. M97 of Deeds Page 30249
 By Kathleen Ross
 Bernetha G. Letsch, County Clerk
 Deputy

Please return to:
 Niswonger-Reynolds, Inc
 P.O. Box 229
 Bend, OR 97709

Fee, \$10.00