

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): John A. and Debbie A. Barker

Mailing Address: 210 S. D ST, Madera, Ca. 93638

Deed Recording Number (or legal description): The 1/2 NE 1/4 and E 1/2 NW 1/4 of section

Well Identification Number(s): L19882 31, Township 35 South, Range 13 East of the Willamette Meridian.

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: John A. Barker Debbie A. Barker

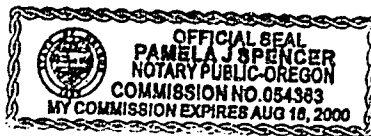
Signed or attested before me this 31st day of August, 1998.

by John A. Barker & Debbie A. Barker State of Oregon, County of Klamath
(Name(s) of Person(s))

Pamela J. Spencer
(Signature of Notary Public)

My Commission Expires: 8/16/2002

(Notary - Please Place Seal Here)



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John Barker the 31st day of August A.D., 1998 at 10:11 o'clock A. M., and duly recorded in Vol. M98 of Deeds on Page 31826.

FEE \$10.00
Return: Barker
123 E. 4th St.
Madera, Ca. 93638

By Bernetha G. Jentsch County Clerk
Kathleen Brown

037474

03882

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

130

State File Number

1. DECEDENT'S NAME Rue Ann Beeman Gillman BROWN		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) July 18, 1998	
4. SOCIAL SECURITY NUMBER 582-58-1255		5a. AGE Last Birthday (Years) 59	5b. Under 1 Year Mo. 0 Day 0	5c. Under 1 Day Hour 0 Minute 0	6. BIRTHPLACE (City and State or Foreign Country) San Diego, CA
7. DATE OF BIRTH (Month, Day, Year) June 30, 1939		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. FACILITY NAME (If not institution, give street and number) University Hospital South			
11. CITY, TOWN OR LOCATION OF DEATH Portland		12. COUNTY OF DEATH Multnomah			
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Home Maker		14. KIND OF BUSINESS/INDUSTRY Own Home		15. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married	
16. SPOUSE (If Married, Widowed) Donald Brown		17. RESIDENCE - STATE Oregon			
18. COUNTY Deschutes		19. CITY, TOWN OR LOCATION Bend		20. STREET AND NUMBER 836 NW Riverside Dr.	
21. RESIDE CITY LIMITY		22. ZIP CODE 97701		23. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24. RACE American Indian, Black, White, etc. (Specify) White		25. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (13-16) 2			
26. FATHER - NAME Fred - Beeman		27. MOTHER - NAME Virginia - Gillman		28. INFORMANT - NAME and relationship to decedent Donald Brown (Spouse)	
29. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oregon Crematory		31. LOCATION - City or Town, State Portland, Oregon	
32. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		33. OREGON LICENSE NO. (If Licensed) 48-2205		34. NAME, ADDRESS AND ZIP OF FACILITY Tabor's Desert Hills Mortuary 1441 NE Forbes Ave. Bend, Oregon 97701	
35. DATE FILED (Month, Day, Year) JUL 24 1998		36. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

37. TIME OF DEATH 9:15 A.M.	38. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. TIME OF DEATH 9:15 A.M.	40. DATE PHONOUNCED DEAD (Month, Day, Year) July 18, 1998
41. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		42. 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>	
43. DATE SIGNED (Month, Day, Year) July 18, 1998		44. COUNTY CLATSOP	

45. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)
Tim Graves M.D. - 3181 S.W. Sam Jackson Park Road, Portland, Oregon, 97201

46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
W. Fletcher MD

47. PART 1 (a) Multi-system organ failure DUE TO, OR AS A CONSEQUENCE OF: (b) Breast Cancer / metastatic DUE TO, OR AS A CONSEQUENCE OF: (c) Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in PART 1	48. Interval between onset and death 2 days
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49. 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	50. DATE OF INJURY (Month, Day, Year)	51. TIME OF INJURY	52. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	53. DESCRIBE HOW INJURY OCCURRED	54. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	55. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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ORIGINAL VITAL STATISTICS COPY

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

JUL 28 1998

DATE ISSUED

HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Donald Brown** the **31st** day of **August** A.D., 19 **98** at **10:37** o'clock **A.M.**, and duly recorded in Vol. **M98** of **Deeds** on Page **31827**.

FEE \$10.00

By **Hattum Ross**
Bernetha G. Letsch, County Clerk