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State of Oregon, County of Klamath
Recorded 02/19/2002 2:18 p. m.
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Linda Smith, County Clerk
Fee \$ 26⁰⁰ # of Pgs 2

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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. & JAMI M. DEAN

Mailing Address: P.O. Box 642 Klamath, CA 95548

Deed Recording Number (or legal description): WAGON TRAIL ACRES #1 1st Addition, Block 2, Lot 12
Map: R-2309-001A0-00300-000

Well Identification Number(s): L50763

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 ground water 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 ground water 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, and/or 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 97301-4172.

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

Signature of Property Owner(s): [Signature]

State of OREGON, County of KLAMATH

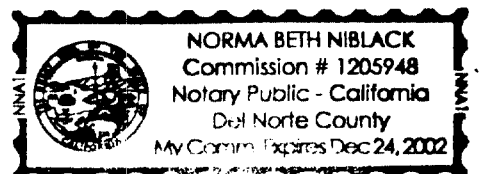
This instrument was acknowledged before me on Jan. 29, 2002 (date) by Norma Beth Niblack, Notary Public

(name of person(s)) as _____ type of authority - if applicable) of _____ (name of party on behalf of whom instrument was executed - if applicable)

Before Me:

Norma Beth Niblack

Seal, if any:



Notary Public for Del Norte County, California

My commission expires: Dec. 24, 2002

Recording Office Use Only

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Del Norte

} ss.

On 1-29-02

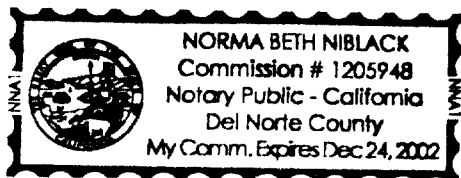
Date

before me, Norma Beth Niblack, Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Gary N. & Jami M. Dean

Name(s) of Signer(s)

☒ personally known to me☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) ~~is~~/are subscribed to the within instrument and acknowledged to me that ~~he~~/she/they executed the same in ~~his~~/her/their authorized capacity(ies), and that by ~~his~~/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Norma Beth Niblack

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

☐ Individual☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**
Top of thumb here