



Coos County Planning Department
Land Use Application

Official Use Only
FEE: \$ 1,479.00
Receipt No. 209849
Check No./Cash 1020
Date 4/15/19
Received By E. Om
File No. ACU-19-013

Please place a check mark on the appropriate type of review that has been requested.

- Administrative Review (checked)
Hearings Body Review
Final Development Plan (BDR)
Variance

An incomplete application will not be processed. Applicant is responsible for completing the form and addressing all criteria. Attach additional sheets to answer questions if needed. Please indicated not applicable on any portion of the application that does not apply to your request.

A. Applicant:

Name: Richard + Jennifer Baron Telephone: 406-461-1446
Address: 46 Terrace Motel 1109 S. 1st Street
City: Coos Bay State: OR Zip Code: 97420

barons3143@gmail.com

B. Owner:

Name: Monty Burches Telephone: 541-729-5700
Address: 815 Wilson Rd
City: Yoncalla State: OR Zip Code: 97499

C. As applicant, I am (check one): Please provide documentation.

- The owner of the property (shown on deed of record);
The purchaser of the property under a duly executed written contract who has the written consent of the vendor to make such application (consent form attached) (checked)
A lessee in possession of the property who has written consent of the owner to make such application (consent form attached).
The agent of any of the foregoing who states on the application that he/she is the duly authorized agent and who submits evidence of being duly authorized in writing by his principal (consent form attached).

D. Description of Property:

Township 28 Range 12 Section 22 Tax Lot 1600
Tax Account 862301 Lot Size 17 Zoning District F

E. Information (please check off as you complete)

- 1. Project Proposal. Attach description if needed. BUILD DWELLING
- 2. A detailed parcel map of the subject property illustrating the size and location of existing and proposed uses, structures and roads on an 8½" x 11" paper to scale. Applicable distances must be noted on the parcel map along with slopes. (See example plot map)Covenants or deed restrictions on the property, if unknown contact title company.
- 3. Existing Use VACANT LAND
- 4. Site Address 56566 Lee Valley Rd, Coquille, OR 97423
- 5. Access Road Lee Valley Road
- 6. Is the Property on Farm/Forest Tax Deferral _____
- 7. Current Land Use (timber, farming, residential, etc.) _____
- 8. Major Topography Features (streams, ditches, slopes, etc.) _____
- 9. List all lots or parcels that the current owner owns, co-owns or is purchasing which have a common boundary with the subject property on an assessment map.
- 10. Identify any homes or development that exists on properties identified in #9.
- 11. A copy of the current deed of record.

F. Proposed use and Justification

Please attach an explanation of the requested proposed use and **findings (or reasons)** regarding how your application and proposed use comply with the following the Coos County Zoning and Land Development Ordinance (LDO). Pursuant to the LDO, this application may be approved only if it is found to comply with the applicable criteria for the proposed use. Staff will provide you with the criteria; however, staff cannot provide you with any legal information concerning the adequacy of the submitted findings, there is no guarantee of approval and the burden rests on the applicant. (You may request examples of a finding)

List of Applicable Criteria and Justification:

Attached is Template Dwelling that
explains requested proposed use

G. Authorization:

All areas must be initialed by all applicant(s) prior to the Planning Department accepting any application unless the statement is not applicable. If one of the statements, below is not applicable to your request indicated by writing N/A.

I hereby attest that I am authorized to make the application for a conditional use and the statements within this application are true and correct to the best of my knowledge and belief. I affirm that this is a legally created tract, lot or parcel of land. I understand that I have the right to an attorney for verification as to the creation of the subject property. I understand that any action authorized by Coos County may be revoked if it is determined that the action was issued based upon false statements or misrepresentation.

ORS 215.416 Permit application; fees; consolidated procedures; hearings; notice; approval criteria; decision without hearing.

(1) When required or authorized by the ordinances, rules and regulations of a county, an owner of land may apply in writing to such persons as the governing body designates, for a permit, in the manner prescribed by the governing body. The governing body shall establish fees charged for processing permits at an amount no more than the actual or average cost of providing that service. The Coos County Board of Commissioners adopt a schedule of fees which reflect the average review cost of processing and set-forth that the Planning Department shall charge the actual cost of processing an application. Therefore, upon completion of review of your submitted application/permit a cost evaluation will be done and any balance owed will be billed to the applicant(s) and is due at that time. By signing this form you acknowledge that you are responsible to pay any debt caused by the processing of this application. Furthermore, the Coos County Planning Department reserves the right to determine the appropriate amount of time required to thoroughly complete any type of request and, by signing this page as the applicant and/or owner of the subject property, you agree to pay the amount owed as a result of this review. If the amount is not paid within 30 days of the invoice, or other arrangements have not been made, the Planning Department may choose to revoke this permit or send this debt to a collection agency at your expense.

I understand it is the function of the planning office to impartially review my application and to address all issues affecting it regardless of whether the issues promote or hinder the approval of my application. In the event a public hearing is required to consider my application, I agree I bear the burden of proof. I understand that approval is not guaranteed and the applicant(s) bear the burden of proof to demonstrate compliance with the applicable review criteria.

As applicant(s) I/we acknowledge that is in my/our desire to submit this application and staff has not encouraged or discouraged the submittal of this application.

Richard Baron
Applicant(s) Original Signature

Jennifer Baron
Applicant(s) Original Signature

RICHARD BARON
Print Name

JENNIFER BARON
Print Name



Coos County Planning Department
Coos County Courthouse Annex, Coquille, Oregon 97423
Mailing Address: Planning Department, Coos County Courthouse, Coquille, Oregon 97423
(541) 396-7770
FAX (541) 396-1022 / TDD (800) 735-2900
Jill Rolfe, Planning Director

CONSENT

On this 12th day of April, 2019.

I, Monty J Burcher
(Print Owners Name as on Deed)

as owner/owners of the property described as Township 28, Range 12,

Section 22, Tax Lot 1600, Deed Reference 2012-8010

Hereby grant permission to Richard + Jennifer Baron so that a(n)
(Print Name)

Forest Template Dwelling application can be submitted to the Coos
(Print Application Type)

County Planning Department.

Owners Signature/s

DocuSigned by:
[Signature]
C8952778BA447B...

Section 4.6.110(3)(b)

b. Template Dwelling

A single-family dwelling on a lot or parcel located within a forest zone may be allowed as a conditional use if:

- i. There are no other dwellings on the tract on which the dwelling will be sited.

No other dwellings exist on the tract.

- ii. There are no deed restrictions established on the lots or parcels that make up the tract which do not allow a dwelling.

No deed restrictions that would not allow a dwelling.

- iii. The lot or parcel on which the dwelling is to be located is predominantly composed of soils that are capable of producing the following cubic feet per acre per year:

	CF/Ac/Yr of Growth		
	0-49	50-85	+85
Required minimum number of lots or parcels or portions thereof existing on January 1, 1993, within a 160-acre square centered on the subject tract.	3	7	11
Required minimum number of dwellings existing on January 1, 1993, on the lots or parcels	3	3	3

NOTE: Lots or parcels within urban growth boundaries shall not be used to satisfy the above requirements.

- iv. If the tract on which the dwelling is to be sited is 60 acres or larger and abuts a road or perennial stream, the measurement shall be made by using a 160-acre rectangle that is one mile long and one-fourth mile wide centered on the center of the subject tract and that is to maximum extent possible, aligned with the road or stream. If a road crosses the tract on which the dwelling will be located, at least one of the three required dwellings shall be on the same side of the road as the proposed dwelling. However, one of the three required dwellings shall be on the same side of the road or stream as the tract and:

- 1) Be located within a 160-acre rectangle that is one mile long and one-fourth mile wide centered on the center of the subject tract and that is, to the maximum extent possible aligned with the road or stream. Or
 - 2) Be within one-quarter mile from the edge of the subject tract but not outside the length of the 160-acre rectangle, and on the same side of the road or stream as the tract.
- v. If a tract abuts a road that existed on January 1, 1993, the measurement may be made by creating a 160-acre rectangle that is one mile long and one-fourth mile wide centered on the center of the subject tract and that is to the maximum extent possible, aligned with the road. Road, as used in this subsection, means a public or private way that is created to provide ingress or egress for persons to one or more lots, parcels, areas or tracts of land. This excludes a private way that is created to provide ingress or egress to such land in conjunction with the use of such land for forestry, mining or agricultural purposes.
- vi. A proposed "template" dwelling under this ordinance is not allowed if:
- 1) It is prohibited by or will not comply with the requirements of the acknowledged comprehensive plan, acknowledged land use regulations, or other provisions of law;
 - 2) Unless it complies with the requirements of Section 4.6.130.6 through 8 Section 4.6.140.8 through 16.
 - 3) Unless no dwellings are allowed on other lots or parcels that make up the tract and deed restrictions established under d.iii below for the other lots or parcels that make up the tract are met; or
 - 4) If the tract on which the dwelling will be sited includes a dwelling.
- vii. For single-family dwellings, the landowner shall sign and record in the deed records for the county a document binding the landowner, and the landowner's successors in interest, prohibiting them from pursuing a claim for relief or cause of action alleging injury from farming or forest practices for which no action or claim is allowed under ORS 30.936 or 30.937.

SECTION 4.6.130 ADDITIONAL CRITERIA FOR ALL ADMINISTRATIVE AND HEARINGS BODY APPLICATION REVIEW:

All Conditional Use Applications (Administrative and Hearings Body) are subject to requirements that are designed to make the use compatible with forest operations and agriculture and to conserve values found on forest lands as follows:

1. The proposed use will not force a significant change in, or significantly increase the cost of, accepted farming or forest practices on agriculture or forest lands.

property has access through Lee Valley Road which has numerous roads and driveways in the vicinity. Dwelling will be centrally sited with 250 foot distance from Lee Valley Road

2. The proposed use will not significantly increase fire hazard or significantly increase fire suppression costs or significantly increase risks to fire suppression personnel.

There are no trees within 80 foot radius of site and property is located within ~~Coos Bay~~ rural fire district. Coquille

3. All uses must comply with applicable development standards and fire siting and safety standards.

will ensure all uses will comply

4. A "Forest Management Covenant", which recognized the right of adjacent and nearby landowners to conduct forest operations consistent with the Forest Practices Act and Rules, shall be recorded in the deed records of the County prior to any final County approval for uses authorizing any type of residential use in the Forest and Forest Mixed Use zones. There may be other criteria listed that applies to individual uses.

A Forest Management Covenant will be recorded once property is owned.

5. The following siting criteria shall apply to all dwellings, including replacement dwellings, and structures in the Forest and Forest Mixed Use zones. Replacement dwellings may be sited in close proximity to the existing developed homesite. These criteria are designed to make such uses compatible with forest operations and agriculture, to minimize wildfire hazards and risks and to conserve values found on forest lands. These criteria may include setbacks from adjoining properties, clustering near or among

existing structures, siting close to existing roads and siting on that portion of the parcel least suited for growing trees.

- a. Dwellings and structures shall be sited on the parcel so that:
 - i. They have the least impact on nearby or adjoining forest or agricultural lands.
 - ii. The siting ensures that adverse impacts on forest operations and accepted farming practices on the tract will be minimized.
 - iii. The amount of forest lands used to site access roads, service corridors, the dwelling and structures is minimized. And
 - iv. The risks associated with wildfires are minimized.

Dwelling will meet all required setbacks and be sited near County Road - Lee Valley. There are no trees within 80 foot radius of dwelling site

- b. The applicant shall provide evidence that the domestic water supply is from a source authorized in accordance with the Water Resources Department's administrative rules for the appropriation of ground water or surface water and not from a Class II stream as defined in the Forest Practices Rules. For the purposes of this Section, evidence of a domestic water supply means:
 - i. Verification from a water purveyor that the use described in the application will be served by the purveyor under the purveyor's rights to appropriate water.
 - ii. A water use permit issued by the Water Resources Department for the use described in the application. Or
 - iii. Verification from the Water Resources Department that a water use permit is not required for the use described in the application. If the proposed water supply is from a well and is exempt from permitting requirements under ORS 537.545, the applicant shall submit the well constructor's report to the County upon completion of the well.

All compliances will be met prior to dwelling completion

6. As a condition of approval, if road access to the dwelling is by a road owned and maintained by a private party or by the Oregon Department of Forestry, the United States Bureau of Land Management, or the United States Forest Service, then the applicant shall provide proof of a long-term road access use permit or agreement. The road use permit may require the applicant to agree to accept responsibility for road maintenance.

property has direct access to Lee Valley Rd. which is a County maintained road.

7. Approval of a dwelling shall be subject to the following additional requirements:
- a. Approval of a dwelling requires the owner to plant a sufficient number of trees on the tract to demonstrate that the tract is reasonably expected to meet Department of Forestry stocking requirements at the time specified in Department of Forestry administrative rules.
 - b. The Planning Department shall notify the County Assessor of the above condition at the time the dwelling is approved.
 - c. If the lot or parcel is more than 10 acres, the property owner shall submit a stocking survey report to the County Assessor and the Assessor will verify that the minimum stocking requirements have been met by the time required by Department of Forestry Rules. The Assessor will inform the Department of Forestry in cases where the property owner has not submitted a stocking survey report of where the survey report indicates that minimum stocking requirements have not been met.
will provide Stocking Survey after approval of Template Dwelling
 - d. Upon notification by the Assessor the Department of Forestry will determine whether the tract meets minimum stocking requirements of the Forest Practices Act. If the Department of Forestry determines that the tract does not meet those requirements, it will notify the owner and Assessor that the land is not being managed as forest land. The Assessor will then remove the forest land designation pursuant to ORS 321.359 and impose the additional tax pursuant to ORS 321.372.

- e. The county governing body or its designate shall require as a condition of approval of a single-family dwelling under ORS 215.213, 215.383 or 215.284 or otherwise in a farm or forest zone, that the landowner for the dwelling sign and record in the deed records for the county a document binding the landowner, and the landowner's successors in interest, prohibiting them from pursuing a claim for relief or cause of action alleging injury from farming or forest practices for which no action or claim is allowed under ORS 30.936 or 30.937.

*will file Forest Management Covenant
after becoming owners of property*

SECTION 4.6.140 DEVELOPMENT AND SITING CRITERIA:

This section contain all of the development standards for uses (unless otherwise accepted out by a use review) and all of the siting standards for development.

1. Minimum Lot Size for the creation of new parcels shall be at least 80 acres. Minimum lot size will not affect approval for development unless specified in use. The size of the parcel will not prohibit development as long as it was lawfully created or otherwise required to be a certain size in order to qualify for a use.

Parcel was lawfully created

2. Setbacks: All buildings or structures with the exception of fences shall be set back a minimum of thirty-five (35) feet from any road right-of-way centerline, or five (5) feet from any right-of-way line, whichever is greater.

*All building or structure will meet the
required setbacks.*

3. Fences, Hedges and Walls: No requirement, except for vision clearance provisions in Section 7.1.525.

*No plans for fences, hedges or wall
on property*

4. Off-Street Parking and Loading: See Chapter VII.

will comply - driveway application submitted.

5. Minimizing Impacts: In order to minimize the impact of dwellings in forest lands, all applicants requesting a single family dwelling shall acknowledge and file in the deed record of

Coos County, a Forest Management Covenant. The Forest Management Covenant shall be filed prior to any final County approval for a single family dwelling.

will file a Forest Management Covenant

6. Riparian Vegetation Protection. Riparian vegetation within 50 feet of a wetland, stream, lake or river, as identified on the Coastal Shoreland and Fish and Wildlife habitat inventory maps shall be maintained except that:

- a. Trees certified as posing an erosion or safety hazard. Property owner is responsible for ensuring compliance with all local, state and federal agencies for the removal of the tree.
- b. Riparian vegetation may be removed to provide direct access for a water-dependent use if it is a listed permitted within the zoning district;
- c. Riparian vegetation may be removed in order to allow establishment of authorized structural shoreline stabilization measures;
- d. Riparian vegetation may be removed to facilitate stream or stream bank clearance projects under a port district, ODFW, BLM, Soil & Water Conservation District, or USFS stream enhancement plan;
- e. Riparian vegetation may be removed in order to site or properly maintain public utilities and road right-of-ways;
- f. Riparian vegetation may be removed in conjunction with existing agricultural operations (e.g., to site or maintain irrigation pumps, to limit encroaching brush, to allow harvesting farm crops customarily grown within riparian corridors, etc.) provided that such vegetation removal does not encroach further into the vegetation buffer except as needed to provide an access to the water to site or maintain irrigation pumps; or
- g. The 50 foot riparian vegetation setback shall not apply in any instance where an existing structure was lawfully established and an addition or alteration to said structure is to be sited not closer to the estuarine wetland, stream, lake, or river than the existing structure and said addition or alteration represents not more than 100% of the size of the existing structure's "footprint".
- h. Riparian removal within the Coastal Shoreland Boundary will require a conditional use. See Special Development Considerations Coastal Shoreland Boundary.
- i. The 50' measurement shall be taken from the closest point of the ordinary high water mark to the structure using a right angle from the ordinary high water mark.

Dwelling will not interfere with any wetland, stream, lake or rivers

7. All new dwellings and permanent structures and replacement dwellings and structures shall, at a minimum, meet the following standards. The dwelling shall be located within a fire protection district or shall be provided with residential fire protection by contract. If the dwelling is not within a fire protection district, the applicant shall provide evidence that the applicant has asked to be included within the nearest such district. If the applicant is outside the rural fire protection district, the applicant shall provide evidence that they have contacted the Department of Forestry of the proposed development.

*Property is located within the
Coquille Rural Fire District*

8. The Planning Director may authorize alternative forms of fire protection when it is determined that these standards are impractical that shall comply with the following:

- a. The means selected may include a fire sprinkling system, onsite equipment and water storage or other methods that are reasonable, given the site conditions;

500 gallon tank to be provided

- b. If a water supply is required for fire protection, it shall be a swimming pool, pond, lake, or similar body of water that at all times contains at least 4,000 gallons or a stream that has a continuous year round flow of at least one cubic foot per second;

- c. The applicant shall provide verification from the Water Resources Department that any permits or registrations required for water diversion or storage have been obtained or that permits or registrations are not required for the use; and

We will obtain all permits required

- d. Road access shall be provided to within 15 feet of the water's edge for firefighting pumping units. The road access shall accommodate the turnaround of firefighting

equipment during fire season. Permanent signs shall be posted along the access route to indicate the location of the emergency water source.

*Will provide a 500 gallon water tank
~~And~~ Access via driveway will be provided*

9. Fire Siting Standards for New Dwellings:

- a. The property owner shall provide and maintain a water supply of at least 500 gallons with an operating water pressure of at least 50 PSI and sufficient $\frac{3}{4}$ inch garden hose to reach the perimeter of the primary fuel-free building setback.

A 500 gallon water tank will be provided

- b. If another water supply (such as a swimming pool, pond, stream, or lake) is nearby, available, and suitable for fire protection, then road access to within 15 feet of the water's edge shall be provided for pumping units. The road access shall accommodate the turnaround of firefighting equipment during the fire season. Permanent signs shall be posted along the access route to indicate the location of the emergency water source.

There are no other water supply's nearby

10. Firebreak:

- a. A firebreak shall be established and maintained around all structures, including decks, for a distance of at least 30 feet in all directions.

*There will be a firebreak at a minimum
of 30 feet in all directions around
all structures*

- b. This firebreak will be a primary safety zone around all structures. Vegetation within this primary safety zone may include mowed grasses, low shrubs (less than ground floor window height), and trees that are spaced with more than 15 feet between the crowns and pruned to remove dead and low (less than 8 feet from the ground) branches. Accumulated needles, limbs and other dead vegetation should be removed from beneath trees.

*~~dead~~ dead vegetation will be
removed on a regular schedule*

- c. Sufficient garden hose to reach the perimeter of the primary safety zone shall be available at all times.

There will be sufficient garden hoses available at all times to reach perimeter of the safety zone

- d. The owners of the dwelling shall maintain a primary fuel-free break area surrounding all structures and clear and maintain a secondary fuel-free break on land surrounding all structures and clear and maintain a secondary fuel-free break area on land surrounding the dwelling that is owned or controlled by the owner in accordance with the provisions in "Recommended Fire Siting Standards for Dwellings and Structures and Fire Safety Design Standards for Roads" dated March 1, 1991, and published by Oregon Department of Forestry and shall demonstrate compliance with Table 1.

we will comply with all safety measures

Table 1 – Minimum Primary Safety Zone

Slope	Feet of Primary Safety Zone	Feet of Additional Primary Safety Zone Down Slope
0%	30	0
10%	30	50
20%	30	75
25%	30	100
40%	30	150

11. All new and replacement structures shall use non-combustible or fire resistant roofing materials, as may be approved by the certified official responsible for the building permit.

All structures will be made with required roofing materials

12. If a water supply exceeding 4,000 gallons is suitable and available (within 100 feet of the driveway or road) for fire suppression, then road access and turning space shall be provided for fire protection pumping units to the source during fire season. This includes water supplies such as a swimming pool, tank or natural water supply (e.g. pond).

Do not believe there is a water supply exceeding 4,000 gallons within 100 feet of the road

13. The dwelling shall not be sited on a slope of greater than 40 percent.

we will not site dwelling on slope that is more than 40% - dwelling site is less

14. If the dwelling has a chimney or chimneys, each chimney shall have a spark arrester.

Any chimneys shall have spark arrester

15. The dwelling shall be located upon a parcel within a fire protection district or shall be provided with residential fire protection by contract. If the dwelling is not within a fire protection district, the applicant shall provide evidence that the applicant has asked to be included within the nearest such district.

Dwelling will be within Coquille rural Fire Protection District

16. Except for private roads and bridges accessing only commercial forest uses, public roads, bridges, private roads and driveways shall be constructed so as to provide adequate access for firefighting equipment.

Driveway to be built will be constructed to provide adequate access for firefighting equipment

17. Access to new dwellings shall meet road and driveway standards in Chapter VII.

All road and driveway standards will be met.

Document type: PERSONAL REPRESENTATIVE'S DEED
Consideration: None

Grantors: Monty T. Burcher, Personal
Representative of the Estate of
Dona Loree Burcher

Address for Tax Statements:
Monty T. Burcher
815 Wilson Rd
Yoncalla, OR 97499

Grantee: Monty T. Burcher
815 Wilson Rd
Yoncalla, OR 97499

After recording, return to:
Monty T. Burcher
815 Wilson Rd
Yoncalla, OR 97499

PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE Made this 27th day of August, 2012, by and between **Monty T. Burcher**, the duly appointed, qualified and acting Personal Representative of the Estate of Dona Loree Burcher, deceased (Coos County, Oregon Probate #12PB0070), hereinafter called the first party, and **Monty T. Burcher**, hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the said deceased at the time of decedent's death, and all the right, title and interest that the estate of said deceased by operation of the law or otherwise may have thereafter acquired in that certain real property commonly known as 56556 Lee Valley Rd, Coquille, OR 97423, situated in Coos County, State of Oregon:

Beginning at the intersection of the South Boundary of a parcel conveyed to Carl B. Mattson et ux in Book 223, Page 353, Deed Records of Coos County, Oregon, with the West boundary of the County Road, said point being approximately North 41° 51' West 852.6 feet from the center of Section 22, Township 28 South, Range 12 West of the Willamette Meridian, Coos County, Oregon; thence Southerly along the West boundary of said County Road 250 feet; thence West parallel to the North line of the SW¼ of said Section 22, 800 feet more or less, to the East boundary of the SW¼ of the NW¼ of said Section 22; thence South to the Southeast corner of the SW¼ of the NW¼; thence West 1320 feet, more or less, to the Southwest corner of the said SW¼ of the NW¼; thence Northeasterly in a straight line to a point 1225 feet West of the point of beginning and at a stake on the Westerly line of the power line right of




way; thence East 1225 feet to the point of beginning, together with the right to take water from a spring located on the property this day conveyed to Norman Lee Day and Verna R. Day.

TO HAVE AND TO HOLD the same unto the second party, and second parties' heirs, successors-in-interest and assigns forever. The true and actual consideration paid for this transfer, stated in terms of dollars, is \$NONE. However, the actual consideration consists of or includes other property or value given or promised which is the whole of the consideration (Estate Distribution).

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL AS DEFINED IN ORS 92.010 OR 215.010, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17 CHAPTER 855 OREGON LAWS 2009.

IN WITNESS WHEREOF, the first party has executed this instrument.



Monty T. Burcher, Personal Representative
of the Estate of Dona Loree Burcher, Grantor

STATE OF OREGON)
) ss.
County of Coos)

Personally appeared before me this 29 day of August, 2012, the above named Monty T. Burcher, Personal Representative of the Estate of Dona Loree Burcher, and acknowledged the foregoing instrument to be his voluntary act and deed.



Notary Public for Oregon
My Commission Expires: 1-23-13



CERTIFICATION OF VITAL RECORD

COOS COUNTY CLERK, OREGON
TERRI L. TURI, CCC, COUNTY CLERK
TOTAL \$56.00

09/24/2012 03:44:46PM
PAGE 3 OF 4

2012 8010

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

618646
I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY					1. Legal Name <small>(Include AKA's, if any)</small> Dona Lorse Burcher		2. Death Date (MON DD YYYY) February 21, 2012				
3. Sex (MF) Female		4a. Age - Last Birthday 77		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number 544-36-6866		6. County of Death Douglas	
7. Birthdate (MON DD YYYY) Nov 25, 1934			8a. Birthplace (City/Town, or County) Bear Creek			8b. (State of Foreign Country) Oregon			9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify) No						11. Decedent's Race(s) White			12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) 56558 Lee Valley Road							14. City/Town Coquille				
15. Residence County Coos				16. State or Foreign Country Oregon			17. Zip Code + 4 97423		18. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
19. Marital Status at Time of Death Widow					20. Spouse's Name (If married or widowed, give name prior to first marriage.) Donald Eugene Burcher						
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Owner					22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Portable Saw Mill						
23. Father's Name (First, Middle, Last, Suffix) Howard Vincent Hancock					24. Mother's Name Prior to First Marriage (First, Middle, Last) Veiva Miller						
25. Informant's Name Monty Burcher			26. Telephone Number 541-849-2927		27. Relation to Decedent Son		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 815 Wilson Road Yoncalla, OR 97499				
29. Place of Death Other-Home			30. Facility Name N/A								
31. Location of Death (Give address.) 815 Wilson Road			32. City/Town or Location of Death Yoncalla			33. State OR		34. Zip Code + 4 97499			
35. Method of Disposition Cremation			36. Place of Disposition (Name of cemetery, crematory, or other place) Umpqua Crematory			37. Location Myrtle Creek, Oregon					
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Roseburg Funeral Alternatives 2225 NW Stewart Parkway #103 Roseburg, Oregon 97471											
39. Date of Disposition (MON DD YYYY)			40. Funeral Director's Signature <i>Deborah Rowsey</i>			41. OR License Number CO-3731					
42. Registrar's Signature <i>Patty Moore</i>			43. Date Received (MON DD YYYY) MAR 05 2012			44. Local File Number 8398					
45. Record Amendment											
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			49. Time of Death 4:20 p.m.		
CAUSE OF DEATH (See instructions and examples.)											
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.										Approximate Interval: Onset to Death	
Final disease or condition resulting in death Respiratory Failure			IMMEDIATE CAUSE								
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).			Due to (or as a consequence of) ↓ Intermittent non								
			Due to (or as a consequence of) ↓								
			Due to (or as a consequence of) ↓								
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:											
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
55. Date of Injury (MON DD YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)											
60. Describe how injury occurred.						61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Albert Agomma, M.D. 1515 Village Drive #220 Cottage Grove, Oregon 97424											
63. Name and Title of Attending Physician if Other than Certifier											
64. Title of Certifier					65. License Number M0154310			66. Date Signed (MON DD YYYY) 2/20/12			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
69. Record Amendment											

ORIGINAL - VITAL RECORDS COPY

45-2 (01/12)

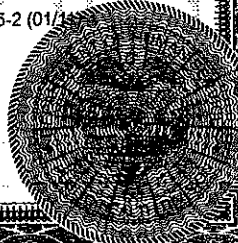
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

MAR 05 2012

DATE ISSUED: _____

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



CERTIFICATION OF VITAL RECORD

COOS COUNTY CLERK, OREGON
 TERRI L. TURI, CCC, COUNTY CLERK
 TOTAL \$56.00

09/24/2012 03:44:46PM
 PAGE 4 OF 4

2012 8010

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

TYPE OR
 PRINT IN
 PERMANENT
 BLACK INK.

434218
 I.D. TAG NO.
 717

CERTIFICATE OF DEATH

136-

State File Number

Local File Number

	1. DECEDENT'S NAME First: Donald Middle: E. Last: BURCHER	2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 8, 2005	
	4. SOCIAL SECURITY NUMBER 544-32-9583	5a. AGE-Last Birthday (Years) 74	5b. Under 1 Year Mos. Days	
	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Eureka, California	7. DATE OF BIRTH (Month, Day, Year) June 7, 1931	
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	9a. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
1.	9b. FACILITY NAME (If not an institution, give street and number) Bay Area Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Coos Bay	
2.	9d. COUNTY OF DEATH Coos			
3.	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millworker	10b. KIND OF BUSINESS/INDUSTRY Timber	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Married	
4.	12. SPOUSE (If Married, Widowed) Dona Burcher			
5.	12a. RESIDENCE - STATE Oregon	12b. COUNTY Coos	12c. CITY, TOWN OR LOCATION Coquille	
6.	12d. STREET AND NUMBER 5655 Lee Valley Road			
	13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13b. ZIP CODE 97423	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 10	
PARENTS	17. FATHER'S NAME - First Middle Last Ernest C. Burcher		18. MOTHER'S NAME - First Middle Maiden Hilma Engdahl	
	19. INFORMANT'S NAME and relationship to deceased Dona Burcher - Wife			
DISPOSITION	20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. LOCATION (City or Town, State) Reedsport, Oregon	
	20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.) Lower Umpqua Crematory			
7.	21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			
8.	21b. OREGON LICENSE NO. (Of Licensee) 3619			
REGISTRAR	22. NAME, ADDRESS AND ZIP CODE OF FACILITY Amling/Schroeder Funeral Service 225 N. Birch Coquille, OR 97423			
	23. DATE FILED (Month, Day, Year) November 14, 2005			
	24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
RESERVED FOR REGISTRAR'S USE				
-----TO BE COMPLETED BY MEDICAL CERTIFIER-----				
CERTIFIER	27. TIME OF DEATH 11:45 A.M.	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
	30. DATE SIGNED (Month, Day, Year) 11/13/05	31. DATE SIGNED (Month, Day, Year) COUNTY		
	34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Bret A. Cook, M.D., 1900 Woodland Drive Coos Bay, Oregon 97420			
-----TO BE COMPLETED ONLY BY MEDICAL EXAMINERS-----				
CAUSE OF DEATH	31a. TIME OF DEATH		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
	32. 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)			
	33. DATE SIGNED (Month, Day, Year) COUNTY			
	34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print)			
CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND PINK COPY.	35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
	36. 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) Esophageal cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia 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 I.			
	37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Investigation Pending <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
RESERVED FOR REGISTRAR'S USE				

ORIGINAL - VITAL STATISTICS' COPY

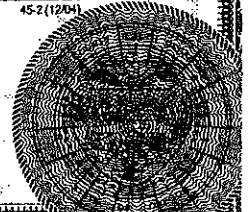
45-2(1204)

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

Frances Hall Smith
 FRANCES HALL SMITH
 COUNTY REGISTRAR
 COOS COUNTY, OREGON

DATE ISSUED: **NOV 22 2005**

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



Date Received: 4/15/19
Receipt # 209849

COOS COUNTY ROAD DEPARTMENT



ACCESS/DRIVEWAY/ROAD/ PARKING VERIFICATION PERMIT

**THIS FORM NEEDS TO BE SUBMITTED TO COOS COUNTY PLANNING DEPARTMENT
225 N. ADAMS STREET OR MAILED TO: 250 N. BAXTER, COQUILLE OR 97423**

*All new and replacement dwellings, commercial or industrial development requires this form.
Other development may require verification of access.*

Payment for this permit can be submitted to the Cos County Planning Department in the form of cash or check

For Office Use Only: FILE # DR-19-034 FEE: \$153

Applicant/Agent (print name): Richard + Jennifer Baron
Mailing address: 96 Terrace Motel 1109 S. 1st St. Coos Bay, OR 97420
Phone: 406-461-1446 Email: barons3143@gmail.com

Land Owner (print name): Monty Burcher
Mailing address: 115 Wilson Road Yoncalla, OR 97499
Phone: 541-729-5700 Email: _____

LOCATION

28 12 22 1600
Township Range Section Tax Lot

56556 Lee Valley Rd, Coquille, OR 97423
Site address

F 17.26
Zone (s) Acreage

EXISTING IMPROVEMENTS Describe any improvements to the property such as any roads, structures, etc.
INSTALL NEW DRIVE TO HOME SITE

Applicant Signature: Richard Baron Jennifer Baron

Through applying for this application I authorize the Coos County Roadmaster or designee to enter upon the property subject of the application to conduct a site visit necessary for processing the requested application. The applicant shall contact the Coos County Road Department to arrange for the site visit once the access, driveway, road and/or parking requirements have been met. If you would like to schedule a visit or inquire further about requirements including bonding please contact 541-396-7660. This signed form must be returned to the Planning Department prior to the issuance of a zoning compliance letter.

Coos County Road Department Use Only

Roadmaster or designee: _____

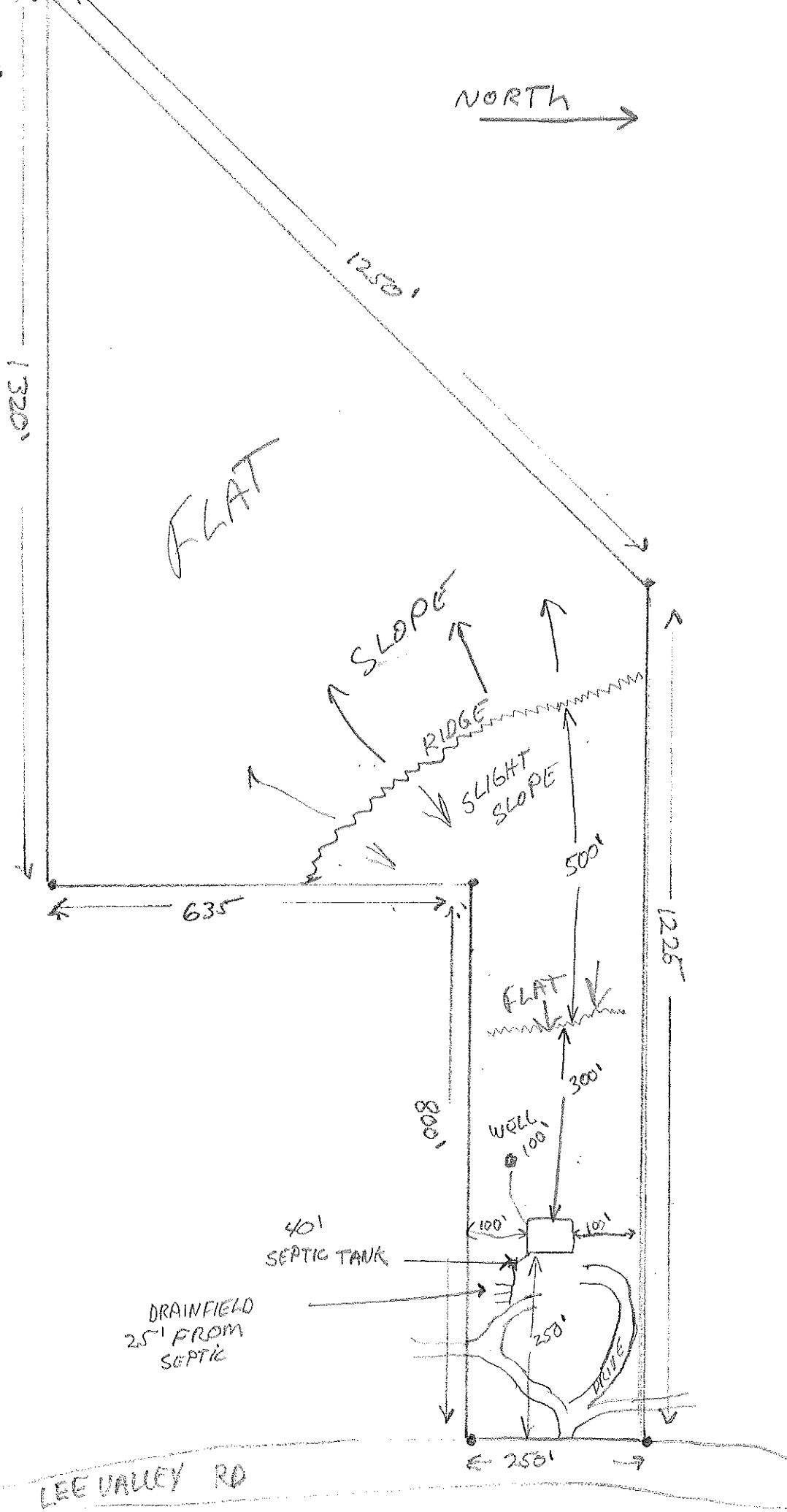
Driveway Parking Access

Bonded Date: _____ Receipt # _____

RICK & JENNY BARON
56556 LEE VALLEY RD.
COQUILLE, OR.
97423

28-12-22-1600

NORTH →



1/2" = 100'

WICK & JENNY BARON
56556 LEE VALLEY RD
COQUILLE, OR.
97423

NORTH
→

28-12-22 - 1600

