



# Coos County Land Use Permit Application

SUBMIT TO COOS COUNTY PLANNING DEPT. AT 60 E. SECOND STREET OR MAIL  
TO: COOS COUNTY PLANNING 250 N. BAXTER, COQUILLE OR 97423. EMAIL  
PLANNING@COOS.ORG US PHONE: 541-396-7770

FILE NUMBER: ACU-21-47(1736)

Date Received: 7/14/21

Receipt #: 97093169

Received by: AE MB

This application shall be filled out electronically. If you need assistance please contact staff.

If the fee is not included the application will not be processed.

(If payment is received on line a file number is required prior to submittal)

## LAND INFORMATION

### A. Land Owner(s) Thomas Capps

Mailing address: 68996 Circle Loop, North Bend, OR 97459

Phone: 541-217-7437

Email: thocapps@gmail.com

Township: 23S Range: 13W Section: 34 1/4 Section: D 1/16 Section: D Tax lots: 1400

Select Select Select Select Select

Tax Account Number(s): 66311

Zone: Select Zone Rural Residential-2 (RR-2)

Tax Account Number(s) \_\_\_\_\_

Please Select

### B. Applicant(s) Tyna Capps

Mailing address: 68996 Circle Loop, North Bend, OR 97459

Phone: 541-252-7158

tynacapps@gmail.com

### C. Consultant or Agent: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Type of Application Requested

- Comp Plan Amendment
- Text Amendment
- Map - Rezone

- Administrative Conditional Use Review - ACU
- Hearings Body Conditional Use Review - HBCU
- Variance - V

- Land Division - P, SUB or PUD
- Family/Medical Hardship Dwelling
- Home Occupation/Cottage Industry

### Special Districts and Services

Water Service Type: On-Site (Well or Spring)

Sewage Disposal Type: On-Site Septic

School District: North Bend

Fire District: Select Fire District

Please include the supplement application with request. If you need assistance with the application or supplemental application please contact staff. Staff is not able to provide legal advice. If you need help with findings please contact a land use attorney or consultant.

Any property information may be obtained from a tax statement or can be found on the County Assessor's webpage at the following links: [Map Information](#) Or [Account Information](#)

D. **ATTACHED WRITTEN STATEMENT.** With all land use applications, the "burden of proof" is on the applicant. It is important that you provide information that clearly describes the nature of the request and indicates how the proposal complies with all of the applicable criteria within the Coos County Zoning and Land Development Ordinance (CCZLDO). You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete. A planner will explain which sections of the Ordinance pertain to your specific request. The information described below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete. An incomplete application will postpone the decision, or may result in denial of the request. Please mark the items below to ensure your submittal is complete.

Application Check List: Please make off all steps as you complete them.

- I.  A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually describes the following:
1.  A complete explanation of how the request complies with the applicable provisions and criteria in the Zoning Ordinance. A planner will explain which sections of the Ordinance pertain to your specific request. You must address each of the Ordinance criteria on a point-by-point basis in order for this application to be deemed complete.
  2.  A description of the property in question, including, but not limited to the following: size, vegetation, crops grown, access, existing buildings, topography, etc.
  3.  A complete description of the request, including any new structures proposed.
  4.  If applicable, documentation from sewer and water district showing availability for connection.
- II.  A plot plan (map) of the property. Please indicate the following on your plot plan:
1.  Location of all existing and proposed buildings and structures
  2.  Existing County Road, public right-of-way or other means of legal access
  3.  Location of any existing septic systems and designated repair areas
  4.  Limits of 100-year floodplain elevation (if applicable)
  5.  Vegetation on the property
  6.  Location of any outstanding physical features
  7.  Location and description (paved, gravel, etc.) of vehicular access to the dwelling location
- III.  A copy of the current deed, including the legal description, of the subject property. Copies may be obtained at the Coos County Clerk's Office.

I certify that this application and its related documents are accurate to the best of my knowledge. I am aware that there is an appeal period following the date of the Planning Director's decision on this land use action. I understand that the signature on this application authorizes representatives of the Coos County Planning Department to enter upon the subject property to gather information pertinent to this request. If the application is signed by an agent, the owner's written authorization must be attached.

If this application is refereed directly to a hearings officer or hearings body I understand that I am obligated to pay the additional fees incurred as part of the conditions of approval. I understand that I/we are not acting on the county's behalf and any fee that is a result of complying with any conditions of approval is the applicants/property owner responsibility. I understand that conditions of approval are required to be complied with at all time and an violation of such conditions may result in a revocation of this permit.

*To Home Sum*



**ACCESS INFORMATION**

The Coos County Road Department will be reviewing your proposal for safe access, driveway, road, and parking standards. There is a fee for this service. If you have questions about these services please contact the Road Department at 541-396-7660.

Property Address: 68996 Circle Loop, North Bend, OR 97459

Type of Access: Public Road  Name of Access: Circle Loop

Is this property in the Urban Growth Boundary? No

Is a new road created as part of this request? No

Required parking spaces are based on the use of the property. If this is for a residential use two spaces are required. Any other use will require a separate parking plan submitted that is required to have the following items:

- Current utilities and proposed utilities;
- Roadmaster may require drawings and specs from the Oregon Standards Specification Manual (OSSC) (current edition).
- The location and design of bicycle and pedestrian facilities shall be indicated on the site plan if this is a parking plan;
- Location of existing and proposed access point(s) on both sides of the road where applicable;
- Pedestrian access and circulation will be required if applicable. Internal pedestrian circulation shall be provided in new commercial, office, and multi-family residential developments through the clustering of buildings, construction of walkways, landscaping, accessways, or similar techniques;
- All plans (industrial and commercial) shall clearly show how the internal pedestrian and bicycle facilities of the site connect with external existing or planned facilities or systems;
- Distances to neighboring constructed access points, median openings (where applicable), traffic signals (where applicable), intersections, and other transportation features on both sides of the property;
- Number and direction of lanes to be constructed on the road plus striping plans;
- All planned transportation features (such as sidewalks, bikeways, auxiliary lanes, signals, etc.); and
- Parking and internal circulation plans including walkways and bikeways, in UGB's and UUC's.

Additional requirements that may apply depending on size of proposed development.

- Traffic Study completed by a registered traffic engineer.
- Access Analysis completed by a registered traffic engineer
- Sight Distance Certification from a registered traffic engineer.

Regulations regarding roads, driveways, access and parking standards can be found in Coos County Zoning and Land Development Ordinance (CCZLDO) Article 7.

By signing the application I am authorizing Coos County Roadmaster or designee to enter the property to determine compliance with Access, Parking, driveway and Road Standards. Inspections should be made by calling the Road Department at 541-396-7660

**Coos County Road Department Use Only**

Roadmaster or designee: \_\_\_\_\_

Driveway     Parking     Access     Bonded    Date:    Receipt # \_\_\_\_\_

File Number: DR-21-

ADDRESS OF DRIVEWAY #1 CLOSEST TO YOUR NEW DRIVEWAY: \_\_\_\_\_

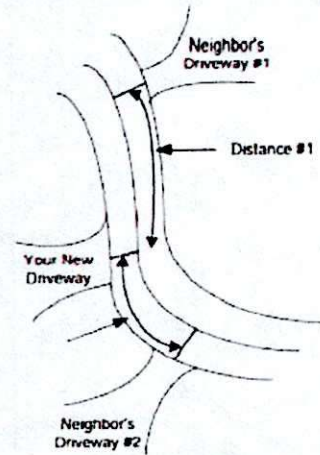
DISTANCE FROM DRIVEWAY #1 TO YOUR NEW DRIVEWAY: \_\_\_\_\_

Is this driveway on the same side of the road as your Driveway: Select

ADDRESS OF DRIVEWAY #2 CLOSEST TO YOUR NEW DRIVEWAY: \_\_\_\_\_

DISTANCE FROM DRIVEWAY #2 TO YOUR NEW DRIVEWAY: \_\_\_\_\_

Is this driveway on the same side of the road as your Driveway: Select



The distance information is important from your new driveway to the closest driveways on either side of you (doesn't matter which side of the road) and what the addresses are to those two driveways. This information is important to include in the formula used to calculate the correct address.

Staff from the County Road Department will place the stake and once the driveway stake has been placed, it must not be moved. If your stake is removed or damaged you may purchase replacements.

Additional Notes or directions:

This application is not required.

**SANITATION INFORMATION**

If this is a request for a recreational, commercial, industrial, vacation rental, manufactured home park, mass or small gathering Coos Health and Wellness, Environmental Health Staff will be reviewing the proposal to ensure the use meets environmental health standards for sanitation and water requirements to serve the facility. If the proposal indicates that you are using a community water system a review may be required. A fee is charged for this service and shall be submitted with the application \$83.00. If you have questions about regulations regarding environmental health services please call 541-266-6720. This form is required to be signed off for any type of subdivision, recreational, commercial, industrial, vacation rental, manufactured home park, mass or small gathering.

Water Service Type: On-site Well  Sewage Disposal Type: On-site septic

Please check  if this request is for industrial, commercial, recreational or home base business use and complete the following questions:

- How many employees/vendors/patrons, total, will be on site?
- Will food be offered as part of the an on-site business?
- Will overnight accommodations be offered as part of an on-site business?
- What will be the hours of operation of the business?

Please check  if the request is for a land division.

**Coos County Environmental Health Use Only:**

Staff Reviewing Application: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

- This application is found to be in compliance and will require no additional inspections
- This application is found to be in compliance but will require future inspections
- This application will require inspection prior to determining initial compliance. The applicant shall contact Coos Health and Wellness, Environmental Heath Division to make an appointment.

Additional Comments:

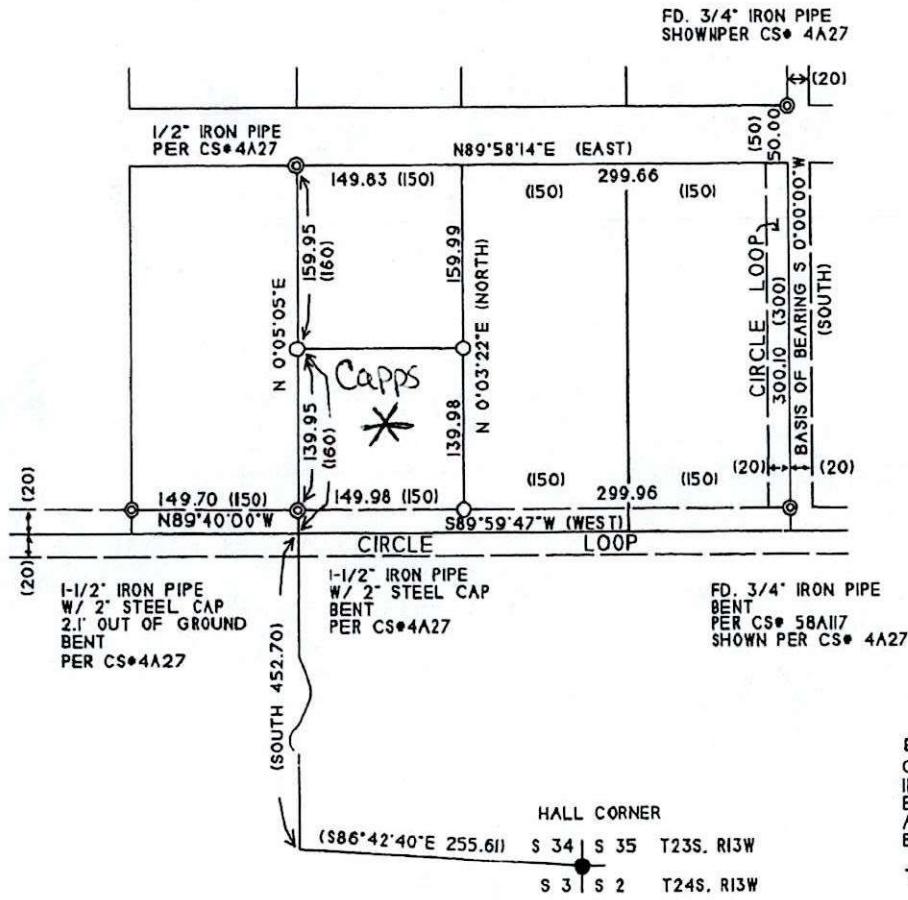
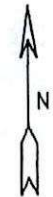


70 ft | Camera: 433 ft 43°31'31"N 124°13'11"W

\* Septic is 12' from the house.

PROPERTY SURVEY LOCATED IN THE  
SE1/4 SE1/4, SECTION 34, T.23S., R.13W., W.M.  
COOS COUNTY, OREGON

COOS COUNTY SURVEYOR  
DATE RECEIVED: Sept. 7, 2006  
DATE ACCEPTED/FILED: 10/6/2006  
Karlus E. Seidel  
COOS COUNTY SURVEYOR



BASIS OF BEARING  
MONUMENTS ALONG WEST  
BOUNDARY CIRCLE LOOP (ASSUMED)

LEGEND

JULY 20, 2006

SCALE 1" = 100'

SURVEY FOR:

ALLEN & MARY BAGLEY  
68996 CIRCLE LOOP  
NORTH BEND, OR. 97459

SURVEY BY:

MULKINS & RAMBO, LLC  
P.O. BOX 809  
NORTH BEND, OR. 97459

- FOUND CORNER AS SHOWN
- SET 5/8" X 30" REBAR WITH PLASTIC CAP MKD. "LS2006"
- ( ) RECORD PLAT BEARINGS AND DISTANCES
- Calculated Position

REGISTERED  
PROFESSIONAL  
LAND SURVEYOR  
Clyde F. Mulkins  
OREGON  
JULY 19, 1983  
CLYDE F. MULKINS  
2006  
RENEWAL 12/31/2006

NARRATIVE

THE PURPOSE OF THIS SURVEY WAS TO LOCATE OR ESTABLISH THE BOUNDARIES OF THE PARCEL OF LAND DESCRIBED PER INST. NO. 2003-1084. CONTROL WAS BASED ON RECORD SURVEYS CS#58A117 AND CS#4A27 FILED IN THE COOS COUNTY SURVEYOR'S OFFICE. THE NORTH BOUNDARY WAS ESTABLISHED BY PROPORTION MEASUREMENT BETWEEN FOUND MONUMENTS ALONG THE NORTH BOUNDARY OF CIRCLE LOOP. THE SOUTH PROPERTY BOUNDARY FALL ALONG THE CENTER LINE OF CIRCLE LOOP. THE FIELD WORK WAS DONE ON JULY 18, 2006 WITH THE ASSOSTANCE THIS SURVEY WERE TROY RAMBO AND RANDY MADDEN.

4A27

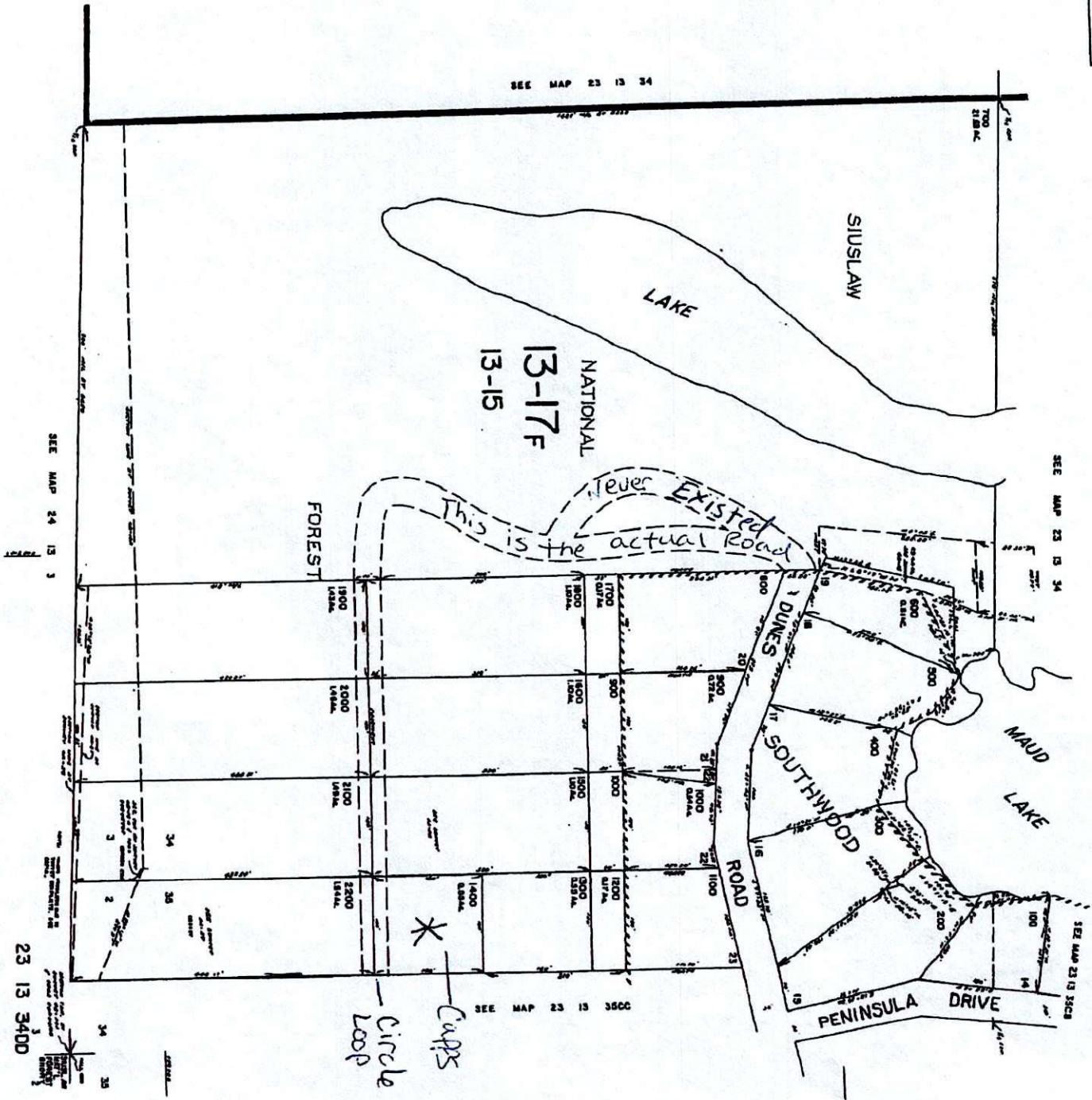
3963121 x 367  
Road Dept.

COPY

CONTROL — LAYOUT — TRACED — CHECKED — REDUCED COPY  
NOT TO SCALE

CHANGES UPDATED AS OF JAN 12 1995

THIS MAP WAS PREPARED FOR  
ASSESSMENT PURPOSE ONLY.



PLAT 20174 SEC. 29 T25S. R13W. WM.  
COOS COUNTY

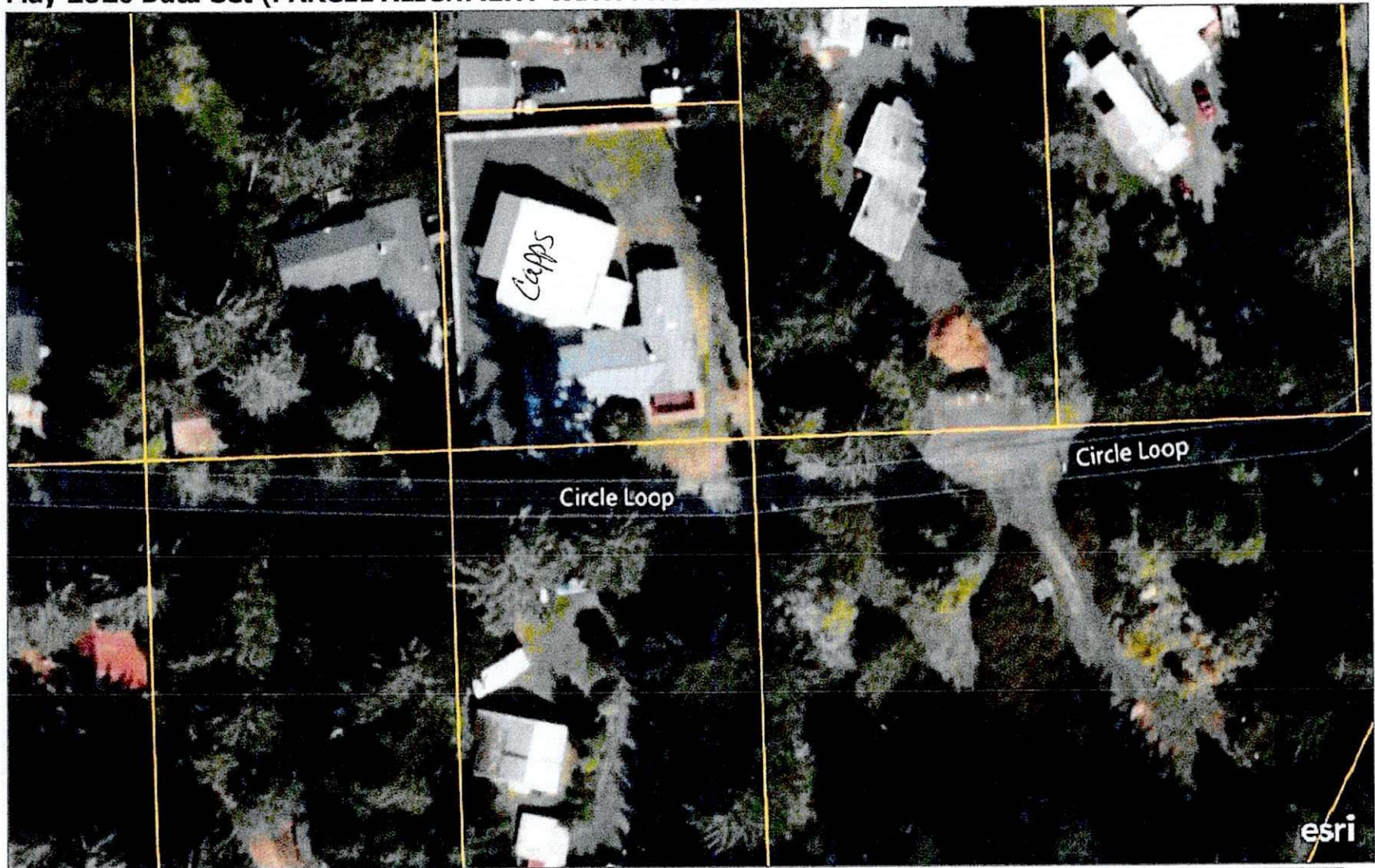
1"=100'

25 15 3400  
CANCELLED  
101

23 13 3400



### May 2020 Data Set (PARCEL ALIGNMENT WITH PHOTO MAY NOT BE EXACT)



Copyright: © 2013 National Geographic Society, i-cubed | Employment | Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community | Coos County Comprehensive Plan: Volume I. Part 2. Inventories and Factual Base. Digital work created by Coos County Planning Staff & Coos County Board of Commissioners with financial assistance provided by the Coastal Zone Management Act of 1972, as amended, administered by the Office of Ocean and Coastal Resource Management, National Oceanic and Atmospheric Administration, and

GRANTOR:  
Allen R. and Hannah M. Bagley  
68996 Circle Loop  
North Bend, OR 97459

COOS COUNTY, OREGON

2016-03287

\$51.00

04/25/2016 01:53:33 PM

Pgs=2



00040842201600032870020027

Terri L. Turl, Coos County Clerk

GRANTEE:  
Allen R. and Hannah M. Bagley  
68996 Circle Loop  
North Bend, OR 97459

After Recording Return to:  
Allen R. and Hannah M. Bagley  
68996 Circle Loop  
North Bend, OR 97459

Until a Change is Requested  
Send all Tax Statements to:  
Allen R. and Hannah M. Bagley  
68996 Circle Loop  
North Bend, OR 97459

### BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Allen R. and Hannah M. Bagley, husband and wife, hereinafter called grantors, for the consideration hereinafter stated does hereby grant, bargain, sell and convey unto Allen R. and Hannah M. Bagley, husband and wife and \*Thomas A. Capps, individual, hereinafter called grantees, and unto grantees heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Coos County, State of Oregon, described as follows, to-wit: \*not as tenants in common but with rights of survivorship.

Beginning at Southeast corner of Parcel conveyed to Edward Clarence Shonk, et ux, in deed recorded Sept. 8, 1971, bearing microfilm No. 71-9-62993m Records of Cos County, Oregon, said point being 210 ft. South of the Southeast Corner of Lot 23, Southwood, Coos County, Oregon, thence continuing along the Easterly Line of Lot 23, extended Southerly 160 ft. to the Southeast Corner of a Parcel owned by Billie Gray, et ux, thence Westerly 150 ft. parallel to the South Boundary of said Lot 23 to the Southwest Corner of said Gray Parcel; thence Northerly 160 ft. to Shanks Southwest corner; thence Easterly 150 ft. to the point of beginning.

Reference microfilm No. 98 04 0492

To Have and to Hold the same unto grantees and grantees heirs, successors and assigns forever.  
The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0.00. This conveyance is being done as part of an overall estate plan of the Grantees.

IN WHITNESS WHEREOF, the grantor has executed this instrument on 4-25-16;  
if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT WILL 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 VERIFY THE APPROVED USES OF THE LOT OR PARCEL, AND 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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

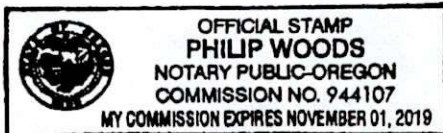
DATED THIS 14<sup>th</sup> day of April, 2016.

Hannah M. Bagley  
Allen R. Bagley, Grantor

by POW  
Hannah M. Bagley  
Hannah M. Bagley, Grantor

STATE OF OREGON, County of Coos )ss.

This instrument was acknowledged before me on April 25, 2016  
by Allen R. and Hannah M. Bagley.



Philip Woods  
Notary Public for Oregon

My commission expires 11/1/2019

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

766638  
I.D. TAG NO.

STATE FILE NUMBER

\*6781285\*

1. Legal Name First: <u>Allen</u> Middle: <u>Ross</u> Last: <u>Bagley</u> Suffix:			2. Death Date <u>September 14, 2016</u>	
3. Sex <u>Male</u>	4. Age <u>76 years</u>	5. Social Security Number <u>548-54-7029</u>		6. County of Death <u>Coos</u>
7. Birthdate <u>July 19, 1940</u>		8. Birthplace <u>Ann Arbor, Michigan</u>		9. Decedent's Education <u>9th - 12th grade</u>
10. Was Decedent of Hispanic Origin? <u>No</u>			11. Decedent's Race(s) <u>White</u>	
12. Was Decedent Ever in U.S. Armed Forces? <u>Yes</u>				
13. Residence: Number and Street <u>68996 Circle Loop</u>			14. City/Town <u>North Bend</u>	
15. Residence County <u>Coos</u>		16. State or Foreign Country <u>Oregon</u>		17. Zip Code + 4 <u>97459</u>
18. Inside City Limits? <u>No</u>				
19. Marital Status at Time of Death <u>Widowed</u>		20. Spouse's Name Prior to First Marriage <u>Hannah Mary Buchanan</u>		
21. Usual Occupation <u>Dry Wall</u>		22. Kind of Business/Industry <u>Construction</u>		
23. Father's Name <u>Wilbur Allen Ross</u>		24. Mother's Name Prior to First Marriage <u>Valerie Mildred Zedemont</u>		
25. Informant's Name <u>Tyna Capps</u>		26. Telephone Number <u>Not Available</u>	27. Relationship to Decedent <u>Daughter</u>	
28. Mailing Address <u>68996 Circle Loop, North Bend, OR 97459</u>				
29. Place of Death <u>Decedent's Residence - Hospice</u>		30. Facility Name		
31. Location of Death <u>68996 Circle Loop</u>		32. City/Town or Location of Death <u>North Bend</u>		33. State <u>Oregon</u>
34. Zip Code + 4 <u>97459</u>				
35. Method of Disposition <u>Cremation</u>		36. Place of Disposition <u>Siuslaw Valley Crematory</u>		37. Location <u>Florence, Oregon</u>
38. Name and Complete Address of Funeral Facility <u>Nelson's Bay Area Mortuary 405 Elrod Avenue, Coos Bay, Oregon 97420</u>				
39. Date of Disposition <u>TBD</u>		40. Funeral Director's Signature <u>Tanya D Nelson</u>		41. OR License Number <u>FS-0399</u>
42. Registrar's Signature <u>[Signature]</u>		43. Date Received <u>September 22, 2016</u>		44. Local File Number <u>16536</u>
45. 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 <u>11:00 AM</u>
CAUSE OF DEATH				
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 →		IMMEDIATE CAUSE ↓		
Sequentially list conditions, if any, leading to the cause listed on line a.		a. <u>Coronary Heart Failure</u>		<u>2012</u>
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓		
		b. <u>Hypertension</u>		<u>&gt;10 years</u>
		Due to (or as a consequence of) ↓		
		c. <u>Renal Artery Stenosis</u>		<u>&gt;5 years</u>
		Due to (or as a consequence of) ↓		
		d.		
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:				
52. Manner of Death		53. If Female		54. Did tobacco use contribute to death?
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		
55. Date of Injury (mm/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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street or RFD No., 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 or RFD No., City/Town, State, Zip + 4) <u>Alice R. Stappler, PA 1900 Woodland Dr. Coos Bay, Oregon 97420</u>				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier <u>Physician Assistant</u>		65. License Number <u>PA152139</u>		66. Date Signed (mm/dd/yyyy) <u>09/22/2016</u>
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. Amendment				



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.

SEP 22 2016

DATE ISSUED: \_\_\_\_\_

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

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

766611  
ID TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NUMBER

\*4589773\*

1. Legal Name First: Hannah, Middle: Mary, Last: Bagley, Suffix:			2. Death Date May 31, 2016	
3. Sex Female	4. Age 74 years	5. Social Security Number 554-62-0755		6. County of Death Coos
7. Birthdate August 07, 1941		8. Birthplace Altoona, Pennsylvania		9. Decedent's Education 9th - 12th grade
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 68996 Circle Loop			14. City/Town North Bend	
15. Residence County Coos		16. State or Foreign Country Oregon	17. Zip Code + 4 97459	18. Inside City Limits? No
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Allen Ross Bagley		
21. Usual Occupation Production Worker		22. Kind of Business/Industry Aluminum Can Factory		
23. Father's Name Archie Campbell Buchanan			24. Mother's Name Prior to First Marriage Ada Jane Hale	
25. Informant's Name Tyna Capps	26. Telephone Number Not Available	27. Relationship to Decedent Daughter	28. Mailing Address 68996 Circle Loop, Coos Bay, OR 97459	
29. Place of Death Hospital-Inpatient		30. Facility Name Bay Area Hospital		
31. Location of Death 1775 Thompson Road		32. City/Town or Location of Death Coos Bay	33. State Oregon	34. Zip Code + 4 97420
35. Method of Disposition Cremation		36. Place of Disposition Siuslaw Valley Crematory		37. Location Florence, Oregon
38. Name and Complete Address of Funeral Facility Nelson's Bay Area Mortuary, 405 Elrod Avenue, Coos Bay, Oregon 97420				
39. Date of Disposition TBD	40. Funeral Director's Signature Tanya D Nelson		41. OR License Number FS-0399	42. Registrar's Signature <i>[Signature]</i>
		43. Date Received June 9, 2016	44. Local File Number 16349	
45. Amendment Decedent's first name formerly Hanna amended by Funeral Dir. aff. 06/09/2016. Gloria Marone, County Registrar, cm				
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 4:30 AM
CAUSE OF DEATH				
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 →	IMMEDIATE CAUSE ↓ 2. <i>Cardiorespiratory Arrest</i>			75yrs
Due to (or as a consequence of) →	3. <i>COPD</i>			
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	4. <i>PA, DVT's</i>			
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"/> Accidental <input type="checkbox"/> Unintentional <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (mm/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 or RFD No., 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 or RFD No., City/Town, State, Zip + 4) Alice Rachel Stanpler, PA, 1900 Woodland Dr., Coos Bay, Oregon 97420				
63. Name and Title of Attending Physician & Other than Certifier				
64. Title of Certifier Physicians Assistant		65. License Number PA152139	66. Date Signed (mm/dd/yyyy) 06/09/2016	
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. Amendment				

45-2DP (01/05)

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.

DATE ISSUED: JUN 09 2016

*Jennifer A. Woodward*  
JENNIFERA. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS



**REAL PROPERTY TAX STATEMENT**  
**JULY 1, 2020 TO JUNE 30, 2021**  
**COOS COUNTY, OREGON**  
**250 NORTH BAXTER**  
**COQUILLE, OREGON 97423**

**ACCOUNT NO:**  
**66311**

**PROPERTY DESCRIPTION**

**CODE:** 1317  
**MAP:** 23S1334-DD-01400  
**ACRES:** 0.55  
**SITUS:** 68996 CIRCLE LP NORTH BEND

CAPPS, THOMAS A  
 68996 CIRCLE LOOP  
 NORTH BEND OR 97459-8732

SOUTH COAST ESD 92.12  
 NORTH BEND SCHOOL #13 867.37  
 SW OREGON COMM COLLEGE 145.83

COOS CO LOCAL OPTION LEVY 41.68  
 COOS COUNTY-4H/EXTENSION 18.47  
 COOS COUNTY-LIBRARY SERVICES 151.47  
 COOS COUNTY 224.42  
 HAUSER RFPD 406.15  
 PORT OF COOS BAY 126.88  
 COOS COUNTY AIRPORT 49.89  
 COOS COUNTY URBAN RENEWAL 2.88

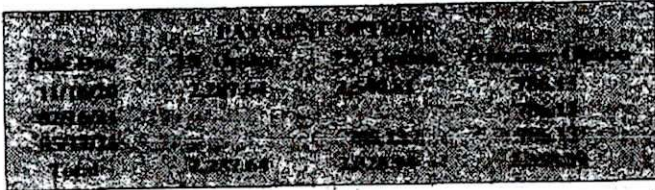
VALUES:	LAST YEAR	THIS YEAR
REAL MARKET (RMV)		
LAND	83,320	83,320
STRUCTURES	189,580	189,580
TOTAL RMV	272,900	272,900
<b>TOTAL ASSESSED VALUE</b>	228,780	235,640
EXEMPTIONS	26,435	27,228
NET TAXABLE:	202,345	208,412
<b>TOTAL PROPERTY TAX:</b>	2,251.15	2,358.39

COOS COUNTY 50.29  
 NORTH BEND SCHOOL BOND 5/10/06/01 176.94

VETERANS EXEMPTION SERVICE RELATED

ASSESSMENT QUESTIONS (541) 396-7900  
 TAX QUESTIONS (541) 396-7725

**2020 - 2021 TAX ( Before Discount ) 2,358.39**



**TOTAL DUE (After Discount and Pre-payments) 2,287.64**

MEMO: ACCT #: 66311



**CASHIER'S CHECK**

No. 3158512836

091-900  
183

DATE: October 22, 2020

PAY TWO THOUSAND TWO HUNDRED AND EIGHTY SEVEN DOLLARS AND 64 CENTS

\$ 2,287.64

TO THE ORDER OF: COOS COUNTY TAX OFFICE

**NON NEGOTIABLE**

Location: 3158 North Bend  
 U.S. Bank, National Association  
 Minneapolis, MN 55480

*Capps - # 66311*

AUTHORIZED SIGNATURE

**Amy Dibble**

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**From:** Tyna Capps <tcapps2932@gmail.com>  
**Sent:** Saturday, June 26, 2021 10:40 AM  
**To:** Planning Department  
**Subject:** Application For Conditional Use Permit

This Message originated outside your organization.

---

## **Coos County Land Use Permit Application**

To Whom It May Concern,

Thomas Capps and Tyna Capps are respectfully requesting to be granted a permit to use our home as a Vacation Rental by Owner. Our area is rated as Rural Residential-2 so it should not interfere with or otherwise hinder the area and neighboring properties. Currently we have three houses on our street that are currently being used as VRBO. Our intention, while still residing at the property, is to use it as short term residential for rent. The house and shop have existed on the property for years and we have no future plans for any new structures.

Our residence gets water from a well located in front of our shop and is 180' deep. Our septic tank is 7'x4' and is located on the east side of the house approximately 12' from the house. The vegetation on our property is grass and weeds with a few flowering plants here and there. We have a large Rhodie and some unknown type tree in the front yard. The surrounding area is natural trees and vegetation. There is a huge Douglas fir stump in the front yard which was filled with cement and turned into a planter. We have a 13'x20' treated deck on the front of the house. We also have a 20'x30' carport in front of our garage and attached carport. We will offer electrical hook up at the fence in a paved parking area.

It is my hope that we have met all the criteria for this permit. We are looking forward to your response to our application.

Sincerely,

Thomas and Tyna Capps  
Son and Mother  
541-252-7158

**Amy Dibble**

---

**From:** Tyna Capps <tcapps2932@gmail.com>  
**Sent:** Wednesday, July 14, 2021 1:24 PM  
**To:** Planning Department  
**Subject:** Addendum to Use Permit App

**This Message originated outside your organization.**

---

Please be advised that our tenants will be required to strictly follow the area speed limit of 8 MPH and to not create a ruckus or other noise after 10:00 pm.

We thank you for your consideration.

Thomas Capps  
and Tyna Capps



# Payment Entry Form

## Result: Payment Authorized Confirmation Number: 97093169

Your payment has been authorized successfully and payment will be processed.

Coos County Planning Department thanks you for your payment. For questions about your account, please call 541-396-7770 Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

### My Bills

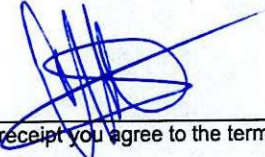
Description	Amount
Administrative Land Use Applications payment of \$1,736.00 on File Number ACU-21-047	\$1,736.00
Subtotal:	\$1,736.00
Convenience Fee:	\$43.23
<b>Total Payment:</b>	<b>\$1,779.23</b>

### Customer Information

First Name: Thomas  
 Last Name: Capps  
 Address Line 1: 68996 Circle Loop  
 Address Line 2:  
 City: North Bend  
 State: Oregon  
 Zip Code: 97459  
 Phone Number: 541-217-7437  
 Email Address: thocapps@gmail.com

### Payment Information

Payment Date: 07/14/2021  
 Card Type: Visa  
 Card Number: \*\*\*\*\*6506

**Signature:**  \_\_\_\_\_ **Date:** 07, 14, 21

By signing this receipt you agree to the terms and conditions of this service.

You will see two line items on your credit or debit card statement. One line will indicate the amount you paid to the Coos County Planning Department and will read *Coos Co Planning Dep* . The second line item will indicate the amount for the PNP Fee and will read PNP Fee. If you have any questions about the charges please call 1-888-891-6064