RSS

S-10257

State of California
State Water Resources Control Board
DIVISION OF WATER RIGHTS
P.O. Box 2000, Sacramento, CA 95812-2000
Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

NOTICE OF ASSIGNMENT

State Water Resources Control Board
Division of Water Rights
P.O. Box 2000
Sacramento, CA 95812-2000

Gentlemen:

I have assigned all my right, title, and interest in [Former owner: JOSEPH R. DEAS (Deceased)]

Application _____, Permit _____, License _____

on file with the State Water Resources Control Board to:

TOPONCE RANCHES, LLC

whose address is:

578 CORTE CALA
(Address)

VACAVILLE
(City)

CALIFORNIA 95688
(State) (Zip code)

Telephone No. (707) 448-5058 / 925-938-2721

DAVID SHEPHERD AND ANITA SHEPHERD
(Name) 18650 Soap Creek Rd., Fort Jones, CA 96032

✓ David Shepherd ✓ Anita L. Shepherd
(Signature)

Telephone No. (530) 468-2911

✓ Dated: July 28 - 2004

change made KSN AUG 31 2004

APP-ASGN (1-00)

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

Mr. and Mrs. David Shepherd
18650 Soap Creek
Fort Jones, CA 96032

COPY Of Document Recorded
On 2-25-04 As No. 04-0002612
Has Not Been Compared With Original.
SISKIYOU COUNTY RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF ORIGINAL JOINT TRUSTEES

STATE OF CALIFORNIA, } ss.
County of Siskiyou }

ANITA SHEPHERD, Successor Trustee of the JOSEPH R. DEAS and CECELIA V. DEAS LIVING TRUST dated May 8, 1996, of legal age, being first duly sworn, deposes and says:
That **JOSEPH RAYMOND DEAS**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **JOSEPH R. DEAS, Trustee of the JOSEPH R. DEAS and CECELIA V. DEAS LIVING TRUST dated May 8, 1996,** the party in that certain **QUITCLAIM DEED** dated **May 8, 1996** executed by **JOSEPH R. DEAS**, recorded on **May 16, 1996,** as document number 96005765 of Official Records of Siskiyou County, California, covering the following described property situated in the County of Siskiyou, State of California:

ANITA SHEPHERD, Successor Trustee of the JOSEPH R. DEAS and CECELIA V. DEAS LIVING TRUST dated May 8, 1996, of legal age, being first duly sworn, deposes and also says:
That **CECELIA VIRGINIA DEAS**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **CECELIA V. DEAS, Trustee of the JOSEPH R. DEAS and CECELIA V. DEAS LIVING TRUST dated May 8, 1996,** the party in that certain **QUITCLAIM DEED** dated **May 8, 1996** executed by **CECELIA V. DEAS**, recorded on **May 16, 1996,** as document number 96005765 of Official Records of Siskiyou County, California, covering the following described property situated in the County of Siskiyou, State of California: **AS SET FORTH IN EXHIBIT "A" WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN AS IF SET FORTH AT LENGTH.**
Dated: March 5, 2001

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State, this 24 day of February 2004.
WITNESS my hand and official seal.

Signature _____
DEANE SELLON
Name (Typed or Printed)

Anita S. Shepherd
ANITA SHEPHERD, Successor Trustee of the JOSEPH R. DEAS and CECELIA V. DEAS LIVING TRUST dated May 8, 1996

ARS1 DEANE SELLON ARS1
COMM. #1416418
NOTARY PUBLIC • CALIFORNIA
SISKIYOU COUNTY
My Comm. Expires May 6, 2007

WHEN RECORDED MAIL TO:

Mr. and Mrs. David Shepherd
18650 Soap Creek
Fort Jones, CA 96032

COPY Of Document Recorded
On 7-25-04 As No. 04-0002612
Has Not Been Compared With Original.
SISKIYOU COUNTY RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF ORIGINAL JOINT TRUSTEES

STATE OF CALIFORNIA, }
County of Siskiyou } ss.
}

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That **JOSEPH RAYMOND DEAS**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **JOSEPH R. DEAS, Trustee of the JOSEPH R. DEAS and CECELIA V. DEAS LIVING TRUST dated May 8, 1996,** the party in that certain **QUITCLAIM DEED** dated **May 8, 1996** executed by **JOSEPH R. DEAS**, recorded on **May 16, 1996,** as document number 96005765 of Official Records of Siskiyou County, California, covering the following described property situated in the County of Siskiyou, State of California:

ANITA SHEPHERD, Successor Trustee of the JOSEPH R. DEAS and CECELIA V. DEAS LIVING TRUST dated May 8, 1996, of legal age, being first duly sworn, deposes and also says:

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Dated: March 5, 2001

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State, this 24 day of February 2004

WITNESS my

Anita S. Sh

LEGAL DESCRIPTION

EXHIBIT "A" TO DEAS AFFIDAVIT OF DEATH ORIGINAL JOINT TRUSTEES

All the following described real property located in the County of Siskiyou, State of California:

The West half of the Northwest Quarter; fractional North half of Northwest Quarter of Southwest Quarter of Section 27 and Northeast Quarter of Northeast Quarter of Section 28, Township 44 North, Range 8 West, M.D.M.,

Assessor's Parcel Number: 14-250-550 & 560.

COUNTY of SISKIYOU
Yreka, California

[redacted]

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/03)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER: 3200347000241

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): Cecelia
2. MIDDLE: Virginia
3. LAST (Family): Deas
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 05/29/1933
5. AGE Yrs.: 70
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: F
9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: 553-46-4371
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS (at Time of Death): Widowed
7. DATE OF DEATH mm/dd/ccyy: 06/21/2003
8. HOUR (24 Hours): 1245
13. EDUCATION — Highest Level/Degree (see worksheet on back): E
14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) ☐ YES ☒ NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): White
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: Homemaker
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): Own Home
19. YEARS IN OCCUPATION: 50

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 3115 W. Moffet Creek Road
21. CITY: Fort Jones
22. COUNTY/PROVINCE: Siskiyou
23. ZIP CODE: 96032
24. YEARS IN COUNTY: 70
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: Anita Shepherd, Friend
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 18650 Soap Creek Road, Fort Jones, CA 96032

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: -
29. MIDDLE: -
30. LAST (Maiden Name): -
31. NAME OF FATHER — FIRST: Manuel
32. MIDDLE: -
33. LAST: Neves
34. BIRTH STATE: Azores
35. NAME OF MOTHER — FIRST: Mary
36. MIDDLE: -
37. LAST (Maiden): Cabral
38. BIRTH STATE: Azores

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 06/27/2003
40. PLACE OF FINAL DISPOSITION: Fort Jones Catholic Cemetery, Fort Jones, CA 96032
41. TYPE OF DISPOSITION(S): Burial
42. SIGNATURE OF EMBALMER: Sandra Kutzley
43. LICENSE NUMBER: 8584
44. NAME OF FUNERAL ESTABLISHMENT: Girdner Funeral Chapel
45. LICENSE NUMBER: FD 201
46. SIGNATURE OF LOCAL REGISTRAR: Jeanna Dancer by P
47. DATE mm/dd/ccyy: 06/26/2003

PLACE OF DEATH

101. PLACE OF DEATH: Madrone Hospice House
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☒ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other
104. COUNTY: Siskiyou
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 255 Collier Circle
106. CITY: Yreka

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) Congestive Heart Failure	(A1) yrs
	(B) Severe Aortic Stenosis	(B1) yrs
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(C)	(C1)
	(D)	(D1)

108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO — REFERRAL NUMBER 1-03-1070
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: Sideroblastic Anemia
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): No
113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
Decedent Attended Since (A) mm/dd/ccyy: 11 19 98
Decedent Last Seen Alive (B) mm/dd/ccyy: 05 22 03
115. SIGNATURE AND TITLE OF CERTIFIER: David P. Wilson
116. LICENSE NUMBER: G 37216
117. DATE mm/dd/ccyy: 06 26 03
118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: David Wilson M.D., P.O. Box 458, Fort Jones, CA 96032

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy
122. HOUR (24 Hours)
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)
126. SIGNATURE OF CORONER / DEPUTY CORONER
127. DATE mm/dd/ccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E		FAX AUTH. #	CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SISKIYOU } SS

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THE OFFICE OF THE SISKIYOU COUNTY RECORDER.

000002228

ATTEST: Jeanna Dancer by P

DATE ISSUED: 10.9.2008

THIS COPY NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING DATE AND SIGNATURE OF DEPUTY COUNTY RECORDER.

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY RECORDER — SISKIYOU COUNTY

TOPPAN BEST-SET PRINTING & COMPANY
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY of SISKIYOU

Yreka, California

3 052003 097412
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD 2

DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

3200347000241
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
	Cecelia	Virginia	Deas

ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
	F	06/21/2003	Yreka	Siskiyou

8. FATHER'S NAME AS STATED ON ORIGINAL	9. MOTHER'S NAME AS STATED ON ORIGINAL
Manuel - Neves	Mary - Cabral

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
4	05/29/1933	10/29/1907
5	70	95

2 of 2

REASON FOR CORRECTION

13. error in typing.

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
▶ Harry O. Smith	Funeral Director	06/26/2003

17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)
Adult	P.O. Box 246, Yreka, CA 96097

USE BLACK INK ONLY

19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
▶ Chris Gudner	Funeral Director	06/27/2003

22. AGE	23. ADDRESS (STREET, CITY, STATE, ZIP)
Adult	202 S. Oregon, Yreka, CA 96097

STATE/LOCAL REGISTRAR USE ONLY

24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY
Office of State Registrar ▶ of Vital Statistics	09/29/2003

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24(L) (Rev. 1/95)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SISKIYOU } SS

000002229

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THE OFFICE OF THE SISKIYOU COUNTY RECORDER.

ATTEST: Deanna Dancer by

DATE ISSUED: 10-9-2003

THIS COPY NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING DATE AND SIGNATURE OF DEPUTY COUNTY RECORDER.

THE GREAT SEAL OF THE STATE OF CALIFORNIA EUREKA

COUNTY RECORDER SISKIYOU COUNTY

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY of SISKIYOU

Yreka, California

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

USE BLACK INK ONLYING ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)

3199847000212

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): Joseph
2. MIDDLE: Raymond
3. LAST (FAMILY): Deas
4. DATE OF BIRTH MM/DD/CCYY: 03/28/1908
5. AGE YRS.: 90
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 06/30/1998
8. HOUR: 1840
9. STATE OF BIRTH: CA
10. SOCIAL SECURITY NO.: 546-40-1778
11. MILITARY SERVICE: ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS: Married
13. EDUCATION—YEARS COMPLETED: 8
14. RACE: White
15. HISPANIC—SPECIFY: ☐ YES ☒ NO
16. USUAL EMPLOYER: Self
17. OCCUPATION: Rancher
18. KIND OF BUSINESS: Cattle
19. YEARS IN OCCUPATION: 60

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 3115 W. Moffett Cr. Rd.
21. CITY: Fort Jones
22. COUNTY: Siskiyou
23. ZIP CODE: 96032
24. YRS IN COUNTY: 90
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

26. NAME, RELATIONSHIP: Anita L. Shepherd, Friend
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 18650 Soap Cr. Rd., Fort Jones, CA 96032

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: Cecelia
29. MIDDLE: Virginia
30. LAST (MAIDEN NAME): Neves
31. NAME OF FATHER—FIRST: Antone
32. MIDDLE: -
33. LAST: Deas
34. BIRTH STATE: Azores
35. NAME OF MOTHER—FIRST: Marion
36. MIDDLE: -
37. LAST (MAIDEN): Fernandez
38. BIRTH STATE: CA

DISPOSITION(S)

39. DATE MM/DD/CCYY: 07/03/1998
40. PLACE OF FINAL DISPOSITION: Fort Jones Catholic Cemetery Fort Jones, CA 96032

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): Burial
42. SIGNATURE OF EMBALMER: ▶ Harvey D. Smith
43. LICENSE NO.: 7362
44. NAME OF FUNERAL DIRECTOR: Girdner Funeral Chapel
45. LICENSE NO.: FD-201
46. SIGNATURE OF LOCAL REGISTRAR: ▶ David J. Herlihy MD by
47. DATE MM/DD/CCYY: 07/02/1998

PLACE OF DEATH

101. PLACE OF DEATH: Decedent's Residence
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. FACILITY OTHER THAN HOSPITAL: ☐ CONV. HOSP. ☐ RES. CARE ☐ OTHER
104. COUNTY: Siskiyou
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 3115 W. Moffett Cr. Rd.
106. CITY: Fort Jones

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Congestive Heart Failure	6 mos
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER? ☒ YES ☒ NO — REFERRAL NUMBER 98-1616
109. DISPSY PERFORMED: ☐ YES ☒ NO
110. AUTOPSY PERFORMED: ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Anemia, iron deficiency

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 05-05-98 DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 06 29 98
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ David P. Wilson
116. LICENSE NO.: G 37216
117. DATE MM/DD/CCYY: 07-01-98
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: David P. Wilson M.D., 748 S. Main St., Yreka CA 96097

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
120. INJURY AT WORK: ☐ YES ☐ NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E | F | G | H | FAX AUTH. # | CENSUS TRACT

36-420

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SISKIYOU } SS

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THE OFFICE OF THE SISKIYOU COUNTY RECORDER.

000001762

ATTEST: Bearsa Dancer DPR

DATE ISSUED: 9-4-2007

THIS COPY NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING DATE AND SIGNATURE OF DEPUTY COUNTY RECORDER.

GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY RECORDER — SISKIYOU COUNTY

DUNCAN & JONES SECURITY PAPER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

"FILE"

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF WATER RIGHTS
P.O. BOX 2000, SACRAMENTO, CA 95812-2000
(916) 657-2170

STATE WATER RESOURCES CONTROL BOARD

SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

If the information below is inaccurate, please line it out in red and provide current information.
Notify this office if ownership or address changes occur during the coming year.

99 MAR 18 PM 3:32

DIV. OF WATER RIGHTS
SACRAMENTO

PLEASE COMPLETE AND RETURN THIS FORM BY JULY 1, 1999

OWNER OF RECORD: CECELIA V DEAS, JOSEPH R DEAS

CECELIA V DEAS
3115 WEST MOFFETT CREEK RD
FORT JONES, CA 96032

STATEMENT NO: S010257

SOURCE: MOFFETT CREEK
TRIBUTARY TO: SCOTT RIVER
COUNTY: SISKIYOU
DIVERSION WITHIN: SE¼ OF NE¼ SECTION 27, T44N, R8W, MB&M.

TELEPHONE NUMBER: (916) 468-2622
YEAR OF FIRST USE:
PARCEL NO:

A. Water is used under: Riparian claim ✓ Pre 1914 right _____ Other (explain); _____

B. Year of first use (Please provide if missing above) 1873

C. Amount of Use – Enter the amount of water used each month. If monthly and annual use are not known, check the months in which water was used.

Amounts below are: Gallons _____ Acre-feet ✓ Other _____ also irrigation & stockwatering

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Annual
1996				✓			✓	✓ until gone					
1997													
1998													

D. Purpose of Use - Specify number of acres irrigated, stock watered, persons served, etc.

Irrigation 3 acres; Stockwatering Hay & garden's; Domestic _____;

Other (specify) _____

E. Changes in Method of Diversion – Describe any changes in your project since your previous statement was filed. (New pump, enlarged diversion dam, location of diversion, etc.)

F. Please answer only those questions below which are applicable to your project.

1. Conservation of water
   a. Describe any water conservation efforts you may have started: _____
   b. _____
   c. If credit toward beneficial use of water under claimed pre 1914 appropriative water right for water not used due to a conservation effort is claimed under section 1011 of the Water Code, please show the amounts of water conserved:

   19____ _____ (af/mg) 19____ _____ (af/mg) 19____ _____ (af/mg)

2. Water quality and wastewater reclamation
   a. Are you now or have you been using reclaimed water from a wastewater treatment facility, desalination facility or water polluted by waste to a degree which unreasonably affects such water for other beneficial uses? YES ____ NO ____

SUP-STATE (12-98)

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF WATER RIGHTS
P.O. BOX 2000, SACRAMENTO, CA 95812-2000
(916) 657-2170

b. If credit toward use under a claimed pre 1914 appropriative water right through substitution of reclaimed water, desalinated water or polluted water in lieu of appropriated water is claimed under section 1010 of the Water Code, please show amounts of reduced diversions and amounts of reclaimed water used:

19____ _____ (af/mg) 19____ _____ (af/mg) 19____ _____ (af/mg)

3. Conjunctive use of surface water and groundwater

a. Are you now using groundwater in lieu of surface water? YES ____ NO ____.

b. If credit toward use under a claimed pre 1914 appropriative right through substitution of groundwater in lieu of appropriated water is claimed under section 1011.5 of the Water Code, please show the amounts of groundwater used:

19____ _____ (af/mg) 19____ _____ (af/mg) 19____ _____ (af/mg)

I declare that the information in this report is true to the best of my knowledge and belief.

DATE: March 15-1999, 1999 at 3115 W. Moffett Ck Rd, Fort Jones, CA, California

SIGNATURE: Anita L. Shepherd - Joe Deas (deceased)

PRINTED NAME: Joseph K Deas
(first name) (middle init.) (last name)

COMPANY NAME: _____

If there is insufficient space for your answers, please use the space provided below.

ITEM	CONTINUATION

GENERAL INFORMATION PERTAINING TO WATER RIGHTS IN CALIFORNIA

There are two principal types of surface water rights in California. They are riparian and appropriative rights.

A riparian right enables an owner of land bordering a natural lake or stream to take and use water on his riparian land. Riparian land must be in the same watershed as the water source and must never have been severed from the sources of supply by an intervening parcel without reservation of the riparian right to the severed parcel. Generally, a riparian water user must share the water supply with other riparian users. Riparian rights may be used to divert the natural flow of a stream but may not be used to store water for later use or divert water which originates in a different watershed, or return flows from use of groundwater.

An appropriative right is required for use of water on nonriparian land and for storage of water. Generally, appropriative rights may be exercised only when there is a surplus not needed by riparian water users. Since 1914. new appropriators have been required to obtain a permit and license from the State.

Statements of Water Diversion and Use must be filed by riparian and per 1914 appropriative water users. The filing of a statement (1) provides a record of water use, (2) enables the State to notify such users if someone proposes a new appropriation upstream from their diversions, and (3) assists the State to determine if additional water is available for future appropriators.

The above discussion is provided for general information. For more specific information concerning water rights, please contact an attorney or write to this office. We have several pamphlets available. They include: (1) Statements of Water Diversion and Use, (2) Information Pertaining to Water Rights in California, and (3) Appropriation of Water in California.

5-10 257

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS
P.O. BOX 2000 SACRAMENTO, CA 95812-2000
(916) 657-2170

SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

STATE WATER RESOURCES CONTROL BOARD DIV. OF WATER RIGHTS SACRAMENTO JUN 28 PM 2: 2

If the information below is inaccurate, please line it out in red and provide current information.
Notify this office if ownership or address changes occur during the coming year.

PLEASE COMPLETE AND RETURN THIS FORM BY JULY 1, 1996.

OWNER OF RECORD: CECELIA V DEAS, JOSEPH R DEAS

CECELIA V DEAS
3115 WEST MOFFETT CREEK ROAD
FORT JONES, CA 96032

STATEMENT NO: S010257

SOURCE: MOFFETT CREEK
TRIBUTARY TO: SCOTT RIVER
COUNTY: SISKIYOU
DIVERSION WITHIN: SE¼ OF NE¼ SECTION 27, T44N, R8W, MB&M.

TELEPHONE NUMBER: (916) 468-2622
YEAR OF FIRST USE:
PARCEL NO: same

A. Water is used under: Riparian claim no change Pre 1914 right _____; Other (explain) no change

B. Year of first use (Please provide if missing above) _____.

C. Amount of Use - Enter the amount of water used each month. If monthly and annual use are not known, check the months in which water was used.

Amounts below are: ❑ Gallons ❑ Acre-feet ❑ (other) and what is available after the first right users get what they can since adjudicatement

YEAR	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT	OCT.	NOV.	DEC	TOTAL ANNUAL
1993					✓	✓	✓	✓	✓				~~[illegible]~~ What is available
1994					✓	✓	✓	✓	✓				what is available
1995					✓	✓	✓	✓	✓				what is available

what we could get from July on

cattle + stock yr around

D. Purpose of Use - Specify number of acres irrigated, stock watered, persons served, etc. Husband + wife
Irrigation 3 acres pasture acres; Stockwatering 8-10 hd; Domestic garden + lgd
Other (specify) yard + garden

E. Changes in Method of Diversion - Describe any changes in your project since your previous statement was filed. (New pump, enlarged diversion dam, location of diversion, etc.)
Dam only (no change)

F. If part of the water listed in Part C consists of reclaimed or polluted water, please indicate the annual amounts of reclaimed or polluted water in the space below.
None

I declare under penalty of perjury that the information in this report is true to the best of my knowledge and belief.

DATED: June 25, 1996, at Fort Jones, Siskiyou Co. Calif, California

SIGNATURE: Joseph R. Deas

PRINTED NAME: Joseph R. Deas (FIRST NAME) Raymond (M. NAME) Deas (LAST NAME)

COMPANY NAME: _____

See back of page for General Information. If there is insufficient space for your answers, please number them in the space provided on the back of this form.

WR40-1 (4/96)

ITEM	CONTINUATION
	I wish to explain our situation. Since the adjudication several years ago, the first right water users got all the water they could get out of the ~~creek~~ creek all we get is what they can't stop. And we are getting by

GENERAL INFORMATION PERTAINING TO WATER RIGHTS IN CALIFORNIA

There are two principal types of surface water rights in California, riparian and appropriative rights.

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An appropriative right is required for use of water on nonriparian land and for storage of water. Generally, appropriative rights may be exercised only when there is a surplus not needed by riparian water users. Since 1914 new appropriators have been required to obtain a permit and license from the State.

Statements of Water Diversion and Use must be filed by riparian and pre-1914 appropriative water users. The filing of a statement (1) provides a record of water use, (2) enables the State to notify such users if someone proposes a new appropriation upstream from their diversion, and (3) assists the State to determine if additional water is available for future appropriators.

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"Statements of Water Diversion and Use"
"Information Pertaining to Water Rights in California"
"Water Rights for Stockponds Constructed Prior to 1969"
"Appropriation of Water in California"

1/5 AK 3-10257

** PLEASE COMPLETE, SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF WATER RIGHTS

P.O. BOX 2000 SACRAMENTO, CA 95812-2000

SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

STATE WATER RESOURCES CONTROL BOARD
1995 JUL -5 AM 10: 44
DIV. OF WATER RIGHTS SACRAMENTO

STATEMENT NO: S010257
OWNER OF RECORD: CECELIA V DEAS

Joseph R + CECELIA V DEAS Husband + Wife
3115 WEST MOFFETT CREEK ROAD
FORT JONES, CA 96032

SOURCE: MOFFETT CREEK
TRIBUTARY TO: SCOTT RIVER
COUNTY: SISKIYOU
DIVERSION by Ditch (Pereira Ditch)
WITHIN: SE¼ OF NE¼ SECTION 27, T44N, R8W, MDB&M.

TELEPHONE NUMBER: (916) 468-2622
YEAR OF FIRST USE:
PARCEL NO: 40-250-550
49-250-560

(If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.)

COMPLETE AND RETURN THIS FORM BY JULY 1, 1995.

A. Water is used under: Riparian claim ✓; Pre 1914 right _____; Other (explain) _____

B. Year of first use (Please provide if missing above) _____.

C. Amount of Use - Enter the amount of water used each month. If monthly and annual use are not known, check the months in which water was used.

Amounts below are: ❑ Gallons ❑ Acre-feet ❑ (other) 3 acres of pasture + and for family garden when available

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC	TOTAL ANNUAL
1992	Stock	Stock	Stock	Stock	Stock	Stock	Stock	Stock	Stock	Stock	Stock	Stock	Unknown Stock
1993	Stock	"	"	"	"	"	"	"	"	"	"	"	Unknown
1994	stock	"	"	"	"	"	"	"	"	"	"	"	Unknown

Irrigation

D. Purpose of Use - Specify number of acres irrigated, stock watered, persons served, etc.
Irrigation 3 acres pasture acres; Stockwatering 8-12 head; Domestic _____
Other (specify) and garden when available

*** CONTINUE ON BACK PAGE ***

WR40-1 (1/95)

***** PLEASE COMPLETE, SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS *****

E. Changes in Method of Diversion - Describe any changes in your project since your previous statement was filed. (New pump, enlarged diversion dam, location of diversion, etc.)

Same as Ever by ditch

F. If part of the water listed in Part C consists of reclaimed or polluted water, please indicate the annual amounts of reclaimed or polluted water in the space below.

I declare under penalty of perjury that the information in this report is true to the best of my knowledge and belief.

DATED: 6/ 25/95 1995, at _____, California

SIGNATURE: Joseph R. & Cecelia V. Dias

PRINTED NAME: _____ (FIRST NAME) _____ (M. NAME) _____ (LAST NAME)

COMPANY NAME: _____

GENERAL INFORMATION PERTAINING TO WATER RIGHTS IN CALIFORNIA

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An appropriate right is required for use of water on nonriparian land and for storage of water. Generally, appropriative rights may be exercised only when there is a surplus not needed by riparian water users. Since 1914 new appropriators have been required to obtain a permit and license from the State.

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"Statements of Water Diversion and Use"
"Information Pertaining to Water Rights in California"
"Water Rights for Stockponds Constructed Prior to 1969"
"Appropriation of Water in California"

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF WATER RIGHTS
P.O. Box 2000
Sacramento, CA 95812-2000

STATEMENT OF WATER DIVERSION AND USE INFORMATION SHEET

STATEMENT NO. _____

DIVERSION SITE:

OWNER'S NAME Joseph R. + Cecilia V. Deas
(FIRST) (MIDDLE) (LAST)

PARCEL NO. 40-250-550
49-250-560

PLACE OF USE:

OWNER'S NAME Joseph R. & Cecelia V. Deas
(FIRST) (MIDDLE) (LAST)

1. **PARCEL NO.** 40-250-550
2. **PARCEL NO.** 49-250-560
3. **PARCEL NO.** _____

PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE AND SUPPLEMENTAL STATEMENTS:

OWNER/LESSEE/AGENT/OTHER Owner

NAME Joseph R. & Cecelia V. Deas
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS ~~[illegible]~~ 3115 West Moffett Ch Rd.
Ft Jones Calif. 96032
(CITY) (STATE) (ZIP)

TELEPHONE NO. (916) 468 - 2622

OTHERS USING ABOVE DIVERSION LOCATION:

1. **NAME** A. Costa
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS 104 Peach Orchard Rd.
Ft Jones California 96032
(CITY) (STATE) (ZIP)

TELEPHONE NO. (_____) None - _____

2. **NAME** _____
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS _____
(CITY) (STATE) (ZIP)

TELEPHONE NO. (_____) _____ - _____

☐ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

(1/95)

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
Division of Water Rights

P.O. BOX 2000 SACRAMENTO, CA 95812-2000
901 P ST. SACRAMENTO, CA 95814
(916) 322-4503
(916) 657-1875

SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

DIVERTER OF RECORD: STATEMENT NO: 010257

JOSEPH R & CECELIA V DEAS
3115 WEST MOFFETT CREEK ROAD
FORT JONES, CA 96032

TELEPHONE NUMBER:
(916) 468-2622

IF NAME/ADDRESS/PHONE NO. IS WRONG OR MISSING, PLEASE CORRECT.

SOURCE: MOFFETT CREEK

TRIBUTARY TO: SCOTT RIVER

COUNTY: SISKIYOU

DIVERSION
WITHIN: SE1/4 OF NE1/4 SECTION 27, T44N, R08W, MDB&M.

INSTRUCTIONS: Please complete Items A. B and C. Item D should be completed if you replaced all or part of your regular water supply with reclaimed or polluted water. RETURN THIS FORM BY JULY 1, 1993. (Additional information on reverse side of this form.)

A. Amount of Use - Fill in the amount of water used each month. If monthly and annual use are not known, check the months in which water was used.

Amounts below are: ☐ Gallons ☐ Acre-feet ☐ _____ (other)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Annual
1990					✓	✓	✓	✓	✓				
1991					✓	✓	✓	✓	✓				
1992					✓	✓	✓	✓	✓				

B. Purpose of Use - Specify number of acres irrigated, stock watered, persons served, etc.

Irrigation 5 months Irigation 3 acres pasture

Stockwatering year round for 8-10 hd

Domestic Large garden & fruit trees

Other (specify) _____

C. Changes in Method of Diversion - Describe any changes in your project since your previous statement was filed. (New pump, enlarged diversion dam, location of diversion, etc.)

None

D. If part of the water listed in Part A consists of reclaimed or polluted water, please indicate the annual amounts of reclaimed or polluted water in the space below.

None

I declare under penalty of perjury that the information in this report is true to the best of my knowledge and belief.

DATED: 5-3-93, 19 93, at Ranch West Moffett Crk Fort Jones, California

Signature: Joseph R. Deas

WR 40-I (2/90)

0202 1992

GENERAL INFORMATION PERTAINING TO WATER RIGHTS IN CALIFORNIA

There are two principal types of surface water rights in California. They are riparian and appropriative rights.

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"Appropriation of Water in California"

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
Division of Water Rights

"FILE"

P.O. BOX 2000 SACRAMENTO, CA 95810
901 P ST. SACRAMENTO, CA
(916) 322-4503
(916) 324-5741

STATE WATER RESOURCES CONTROL BOARD
1987 JAN -5 PM 2:55
DIV. OF WATER RIGHTS SACRAMENTO

SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

DIVERTER OF RECORD: **STATEMENT NO: 010257**

JOSEPH R & CECELIA V DEAS
3115 WEST MOFFETT CREEK ROAD
FORT JONES, CALIF 96032

TELEPHONE NUMBER:
(916) 468-2622

IF NAME/ADDRESS/PHONE NO. IS WRONG OR MISSING, PLEASE CORRECT. all correct

SOURCE: MOFFETT CREEK

TRIBUTARY TO: SCOTT RIVER

COUNTY: SISKIYOU

DIVERSION
WITHIN: SE1/4 OF NE1/4 SECTION 27, T44N, R08W, MDB&M.

INSTRUCTIONS: Please complete Items A. B and C. Item D should be completed if you replaced all or part of your regular water supply with reclaimed or polluted water. RETURN THIS FORM BY JULY 1, 1987. (Additional information on reverse side of this form.)

A. Amount of Use - Fill in the amount of water used each month. If monthly and annual use are not known, check the months in which water was used.

Amounts below are: ☐ Gallons ☐ Acre-feet ☐ _____ (other)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Annual
1984				✓	✓	✓	✓	✓	✓	✓			
1985				✓	✓	✓	✓	✓	✓	✓			
1986				✓	✓	✓	✓	✓	✓	✓			

B. Purpose of Use - Specify number of acres irrigated, stock watered, persons served, etc.

Irrigation 3 acres

Stockwatering Year round for from 3 or 4 to 6 or 8 hd.

Domestic

Other (specify) Large garden and yard.

C. Changes in Method of Diversion - Describe any changes in your project since your previous statement was filed. (New pump, enlarged diversion dam, location of diversion, etc.)

Diversion has been changed on account of creek bed washed out, up stream about fifty (50) ft.

D. If part of the water listed in Part A consists of reclaimed or polluted water, please indicate the annual amounts of reclaimed or polluted water in the space below.

None

I declare under penalty of perjury that the information in this report is true to the best of my knowledge and belief.

DATED: Dec. 23, 1986, at 3115 W. Moffett ~~Cth~~ Crk, Fort Jones, California

Signature: Joseph R. Deas

WR 40-L (11/85) 0178 1986 JAN 07 1987

K.

GENERAL INFORMATION PERTAINING TO WATER RIGHTS IN CALIFORNIA

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"Appropriation of Water in California"

STATE OF CALIFORNIA

10257

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF WATER RIGHTS

STATEMENT OF WATER DIVERSION AND USE

(This is not a Water Right)

This statement should be typewritten or legibly written in ink.

A. Name of person diverting water Joseph R. Weiss Cecelia V. Weiss

Address Rte 1 Box 98 Fort Jones, Calif 96032 Telephone: 916-468-2622

B. Name of body of water at point of diversion Moffett Creek (Perreira Ditch)

Tributary to Scott River

C. Place of diversion ~~N.E.~~ S.W. ¼ ~~S.W.~~ N.E. ¼ Section 27, Township 44 N, Range 8 West ~~MD~~ B&M, Siskiyou County, or locate it on sketch of section grid on reverse side with regard to section lines or prominent local landmarks.

D. Name of works Pasture + Garden

E. Capacity of diversion works 10 in — cubic feet per second / gallons per minute

Capacity of storage reservoir — gallons / acre-feet

State quantity of water used each month in gallons or acre-feet

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Annual
1990	stock								plus stock				

Stock Garden + Pasture — stock water

If monthly and annual use are not known, check months in which water was used. State extent of use in units, such as acres of each crop irrigated, average number of persons served, number of stock watered, etc.

14 acres Hay + pasture ¼ acre garden + fruit trees 7 to 14 hd stock

Maximum annual water use in recent years Total water right — gallons / acre-feet

Minimum annual water use in recent years — gallons / acre-feet

Type of diversion facility: gravity ✓, pump

Method of measurement: weir, flume, electric power meter, water meter, estimate ✓

F. Purpose of use (what water is being used for) Pasture, Hay, Garden + stock water

G. General description or location of place of use (use sketch of section grid on reverse side if you desire)

H. Year of first use as nearly as known

I. Name of person filing statement Joseph R. Weiss

Position Owner Organization

Address Rte 1 Box 98 Fort Jones, Calif 96032 Telephone: 916-468-2622

I declare under penalty of perjury that the above is true and correct to the best of my knowledge and belief.

DATED: Feb 3, 1981, at Fort Jones, California.

Signature: Joseph R. Weiss

See Instructions on Reverse Side

WR 40 (7/77)

1-625-00-00-0