I, Philip R. O'Donnell	of
(Name of Permittee) 23 Tanglewood Lake Oswego OR 97034	
(Mailing Address) (City) (State) (Zip)	
do hereby assign all my interest in and to water right Application No.	65253
Permit No, as filed in the office of the Water Resources Dir	ector, to:
John C. Nelson	
· (Name)	
269 Bellino Drive Pacific Palisades CA 90272	
(Mailing Address) (City) (State) (Zip)	
Telephone Number 459-4583	
WITNESS my hand this <u>7th</u> day of <u>September</u> 19 ₈₃ .	
STATE OF GREGON, SS Ounty of Marion.	
1 certify that the within was received by me (Signature of Deposition)	
on the day of September 19 83, at 8:05 (Signature of Permittee)	
Records, Vol. 6 Page 1172	
A C C T C N M C N T	
ASSIGNMENT	
Delivies Danahas Inc	*
I,DeVries Ranches, Incc	f
· · · · · · · · · · · · · · · · · · ·	1 11
2015 Frest 9T. BIKER ONE 977 (Mailing Address) (City) (State) (Zip)	4
do hereby assign all my interest in and to water right Application	
NO. 48622 , Permit No. 304/3 , as filed in the off	ice
No. 48622 , Permit No. 36473 , as filed in the off	ice
of the Water Resources Director, to:	ice
of the Water Resources Director, to:	
of the Water Resources Director, to:	
of the Water Resources Director, to:	
of the Water Resources Director, to:	
of the Water Resources Director, to: (EE G. BATES AVM (Name) KEATING RT SAKER OLEGON (Mailing Address) (City) (State) (Zip) TELEPHONE NUMBER 503/523-6620	
of the Water Resources Director, to: (EE G. BATES DVM (Name) (Name) KEATING RT BAKER OREGON (City) (State) (Zip) TELEPHONE NUMBER 503/523-6620 WITNESS my hand this 2nd day of SQUTCUBCA 19	
of the Water Resources Director, to: (EE G. BATES DVM (Name) (Name) (Mailing Address) (City) (State) (Zip) TELEPHONE NUMBER 503/523-6620 WITNESS my hand this 2nd day of September 39 STATE OF CREGON, 1 ss	
of the Water Resources Director, to: (EE G. BATES DVM (Name) (Name) (Mailing Address) (City) (State) (Zip) TELEPHONE NUMBER 503/523-6620 WITNESS my hand this 2nd day of SEPTEMBER 39 STATE OF CREGON, SS County of Marion.	
of the Water Resources Director, to: (EE G. BATES DVM (Name) (Name) (Mailing Address) (City) (State) (Zip) TELEPHONE NUMBER 503/523-6620 WITNESS my hand this 2nd day of September 39 STATE OF CREGON, 1 ss	