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WATER RESOURCES DEPT
SALEM, OREGON
TICOR TITLE

A S S I G N M E N T

I, Tal B. Calkins of
Box 189, Sitkum Rt., Coquille, OR 97423
HC 86
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

do hereby assign all my interest in and to water right
Application Number 61265, Permit Number 46675, as
filed in the office of the Water Resources Director, to:

DANIEL A. FOGERTY
(NAME)

27645 VANISHING PINES RD, FALL RIVER MILLS, CA 96028
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER (916) 336-5576

WITNESS my hand this 29 day of March 1993.

STATE OF OREGON, ss
County of Marion.

I certify that the within was received by me
on the 15th day of November, 1993, at 8
o'clock A.m., and was recorded in Miscellaneous
Records, Vol. 7 Page 2830

Tal B Calkins
(SIGNATURE OF PERMITTEE)

Water Resources Director

The completed assignment must be submitted to:
Water Resources Director
3850 Portland Road, NE
Salem, OR 97310
together with a recording fee of \$10.00.