JUN 24 1999

WATER RESOURCES DEPT.
SALEM, OREGON

REQUEST FOR ASSIGNMENT

I, (permit holder, applicant) Susan F. Gorman Trustee *

60644 Golf Village Loop Bend OR 97702
(mailing address) (city) (state) (zip) (phone)

* of the Robert H. and Susan F. Gorman Family Trust 541-330-5744

CHECK ONE

[X] - hereby assign all my interest in and to application/permit;

[ ] - hereby assign all my interest in and to a portion of application/permit (include a map showing portion of application assigned);

[ ] - hereby assign a portion of my interest in and to the entire application/permit;

Application # G14451, **Permit #** G13278; **OR GR Statement #** _____, **GR Certificate of Registration #** _____ as filed in the office of the Water Resources Director, to:

Andrea M. Andreson and Joseph W. Angel
(name of new owner)

P.O. Box 1968 Sisters OR 97759 541-549-6000
(address) (city) (state) (zip) (phone)

(Note: If there are other owners of the property described in this Application, Permit of Certificate of Groundwater Registration you must attach a list of their names and addresses to this form.)

I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment.

Witness my hand this 19th day of June, 1999.

applicant/permit holder Susan F. Gorman, trustee

applicant/permit holder _____

DO NOT WRITE IN THIS BOX

STATE OF OREGON,)
) ss
County of Marion.)

I certify that the within was received by me on the 24th **day of** June, **19** 99 **at** 8 **o'clock** A **m., and was recorded in the Miscellaneous Records, Vol.** 8 **Page** 428.

Water Resources Director

The completed assignment must be submitted to the Water Resources Department together with a recording fee of $25. Additional pages will cost $5 per page.

WATER RESOURCES DEPARTMENT
158 12TH STREET NE
SALEM, OREGON 97310-0210

ok DS M