## Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301 (503) 986-0900 www.wrd.state.or.us

## **Request for Assignment**

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MAY 2 0 2019

OWRD

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant. If for multiple rights, a separate form and fee for each right will be required.

I, Janice L. Kerns and Tim L. Kerns (Name of Current Holder of Record)						
45917 Quail Road		Haines, C	OR 97833	(541) 856-3449		
(Maili	ng Address)	(City) (	(State) (Zip)	(Phone #)		
	hereby assign all my interest in and to the entire application/permit/transfer/limited license/groundwater statement;  (example, sold all the land authorized under the right)					
	hereby assign all my interest in and to a portion of application/permit/transfer/limited license/groundwater statement; (You must include a map showing the portion of the application/permit/transfer/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)					
	hereby assign a portion of my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, adding an additional person)					
	Application #S41738	_; Permit # <u>T-9997</u>		; Transfer	¥;	
	Limited License #		; Grou	ndwater Statement #	<del>;</del>	
as filed in the office of the Water Resources Director, to:						
Northwest Farm Credit Services, FLCA3370 10th St. Ste B Baker City, OR 97814 (Name of New Owner) (Mailing Address) (City) (State) (Zip)  Janice L. Kerns and Tim L. Kerns. (Name of New Owner)						
·						
	Quail Road Mailing Address)		OR 97833 (State) (Zip)	(541) 856-3449 (Phone #)		
Note: If there are other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below						
Witne	ss my hand this(Day	day of	of			
Signature of Current Holder of Record (Month) (Year)  Failure to provide any of the required information will result in the return of year application.						
DO N	OT WRITE IN THIS BOX	form mu	npleted "Request for ust be submitted to the ith the recording fee	he Department		



Request for Assignment