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7/1/2017



State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900

Instream Lease Renewal Application

Complete the questions below and include any required attachments
Fill in or check boxes as indicated. (N/A= Not Applicable)
Instream Lease # 1439
Renewal Fee included

The undersigned hereby request Instream Lease Number 1439 be renewed.

Fees: [X] \$130.00 for an instream lease renewal application
[ ] Check enclosed or [ ] Fee Charged to customer account (Account name)

Term of the Lease:
The lease is requested to begin in month 7 year 2020 and end month 10 year 2025
Validity of the Right(s) (check the appropriate box):
[X] The water right(s) to be leased have been used under the terms and conditions of the right(s) during the last five years or have been leased instream.
Termination provision (for multiyear leases):
The parties to the lease request:
[X] a. The option of terminating the lease prior to expiration of the full term with written notice to the Department by the Lessor(s) and/or Lessee.

[ ] Yes [X] No Conservation Reserve Enhancement Program CREP - Are some or all of the lands to be leased part of CREP or another Federal program (list here: )?

The undersigned declare:

- 1. The Lessor(s) agree during the term of this lease, to suspend use of water allowed under the subject water right(s) and under any appurtenant primary or supplemental water right(s) not involved in the lease application; and
2. The Lessor(s) certify that I/we are the holders of the water right(s) involved in this Instream Lease. If not the deeded land owner, I/we have provided documentation demonstrating authorization to pursue the lease application and/or consent from the deeded landowner; and
3. All parties affirm that information provided in this lease application is true and accurate. Circumstances have not changed and all matters involved with or affected by the original instream lease remain as they were when the lease was previously approved. We also acknowledge that the terms and conditions of the original lease, referenced herein, are incorporated by reference in their entirety.

Claude E. Crane
Signature of Lessor

Date: 11/7/2019

NOTE: GWENDOLYN H. CRANE IS DECEASED AS OF 06/26/2014. CLAUDE E. CRANE IS THE SOLE TRUSTEE FOR BOTH TRUSTS OWNING THE SUBJECT LAND.

Printed name (and title): Business name, if applicable: CLAUDE E. CRANE
Mailing Address (with state and zip): 2884 HUBBARD CREEK ROAD, UMPQUA, OR. 97486
Phone number (include area code): (541) 580-1762 \*\*E-mail address: cecrane@hotmail.com

Signature of Lessor Date:

Printed name (and title): Business name, if applicable:
Mailing Address (with state and zip):
Phone number (include area code): \*\*E-mail address:

See next page for additional signatures.

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\_\_\_\_\_  
Signature of Co-Lessor Date: \_\_\_\_\_

Printed name (and title): \_\_\_\_\_  
District/organization name: \_\_\_\_\_  
Mailing Address (with state and zip): \_\_\_\_\_  
Phone number (include area code): \_\_\_\_\_ \*\*E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Lessor Date: \_\_\_\_\_

Printed name (and title): \_\_\_\_\_  
Business/organization name: \_\_\_\_\_  
Mailing Address (with state and zip): \_\_\_\_\_  
Phone number (include area code): \_\_\_\_\_ \*\*E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Lessee Date: \_\_\_\_\_

Printed name (and title): \_\_\_\_\_  
Business/organization name: \_\_\_\_\_  
Mailing Address (with state and zip): \_\_\_\_\_  
Phone number (include area code): \_\_\_\_\_ \*\*E-mail address: \_\_\_\_\_

**\*\* BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED TO THE LESSOR.**