

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

## Request for Assignment By Proof of Ownership (If Water Right Holder is Not Available)

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.

We, Victor A. Schneider, Trustee, Phyllis Schneider Irrevocable Trust, dated 12/20/2018 Victor A. Schneider, Trustee, David A. Schneider Supplemental Needs Trust, dated 12/20/2018 Victor A. Schneider, Trustee, Victor A. Schneider Living Trust, dated 03/11/2011 Irma F. Schneider, Trustee, Irma F. Schneider Living Trust, 03/11/2011

For Tax Lots 61E 4 900 & 61E 5 1900

Schneider Farms, Inc. Victor A. Schneider, Trustee, Victor A. Schneider Living Trust, 03/11/2011 Irma F. Schneider, Trustee, Irma F. Schneider Living Trust, 03/11/2011

For Tax Lots 61E 4 1000 & 61E 2000

(Name of Party Requesting Assignment)

% Victor A. Schneider	37485 S. Hwy 213	Mt. Angel	Oregon	97362	503.829.9986	
(Mailing Address)		(City)	(State)	(Zip)	(Phone #)	

hereby request assignment of an entire application/permit/transfer/limited license/groundwater statement; hereby request

assignment of a <u>portion</u> of application/permit/transfer/limited license/groundwater statement; (<u>You must include a map</u> showing the portion of the application/permit/transfer/limited license/groundwater statement to be assigned.)

Application # \_\_\_\_\_; Permit # \_\_\_\_\_; Transfer # **T-10705**;

Limited License #\_\_\_\_\_; Groundwater Statement #\_\_\_\_;

## Victor Schneider, Phyllis Schneider, Dona Dee Burns (deceased)

(Name of Current Holder of Record)

% Victor A. Schneider	37485 S. Hwy 213	Mt. Angel	Oregon 97362	503.829.9986
(Mailing Address)		(City)	(State) (Zip)	(Phone #)

RECEIVED

OCT 1 5 2020

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Note: Write the initials (first letters) of your first and last names at the spots indicated below

- 1 I certify that I am the current owner of the property described in this application, permit, transfer order, 1) limited license, or groundwater statement. I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.
- I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060. 2)
- 3) I have not been able to contact the owner(s) of record for the above referenced transaction. I have attached proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)
- 1/1 I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this \_\_\_\_\_\_ day of \_\_\_\_\_\_ October \_\_\_\_\_\_ 20 20. (Day) \_\_\_\_\_\_ (Month) (Year) Signature of Party Requesting Assignment ///// With a Sub-Oc Signature of Party Requesting Assignment ictor A. Schneider, Trustee

Phyllis Schneider Irrevocable Trust, dated 12/20/2018

Failure to provide any of the required information will result in the return of your application.

Note: Write the initials (first letters) of your first and last names at the spots indicated below \_\_\_\_\_.

- 1) // I certify that I am the current owner of the property described in this application, permit, transfer order, limited license, or groundwater statement. I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.
- 2) 11. I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
- 3) 1 I have not been able to contact the owner(s) of record for the above referenced transaction. I have attached proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)

4) <u>14</u> I further certify that the information provided herein is true and correct to the best of my knowledge. Witness my hand this <u>6</u> day of <u>0 ctobey</u> 20<u>20</u>. (Day) (Month) (Year) Signature of Party Requesting Assignment *With* a Schwidt Signature of Party Requesting Assignment \_\_\_\_\_\_ Victor A. Schneider, Trustee, David A. Schneider Supplemental Needs Trust, dated 12/20/2018 Failure to provide any of the required information will result in the return of your application. RECEIVED

Last updated: September 18,2017

Request for Assignment if Permit Holder not available

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- I certify that I am the current owner of the property described in this application, permit, transfer order, limited license, or groundwater statement. <u>I have attached proof</u> of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.
- 2) I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
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- 4) I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ (Month) Signature of Party Requesting Assignment Victor A. Schneider, Trustee Victor A. Schneider Living Trust, dated 03/11/2011 Failure to provide any of the required information will result in the return of your application.

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- 2) \_\_\_\_\_ I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
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- 4) 3 I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this	day of	Oct.	20,20.		
	(Day)	(Month)	(Year)		
Signature of Party Req	uesting Assignment	Lina F.	Schneider		
Irma F. Schneider, Trustee					
Irma F. Schneider Living Trust, 03/11/2011					
Failure to p	rovide any of the ree	quired information	will result in the return of your application.		

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I further certify that the information provided herein is true and correct to the best of my knowledge.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ day of \_\_\_\_\_\_ (Month) (Day) (Month) Signature of Party Requesting Assignment \_\_\_\_\_\_ \_2020. (Year) I hweite Signature of Party Requesting Assignment Victor A. Schneider, Trustee Victor A. Schneider Living Trust, 03/11/2011

Failure to provide any of the required information will result in the return of your application.

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Witness my hand this	day of	october	20 20	
	(Day)	(Month)	(Year) -	
Signature of Party Reque	esting Assignment	Victor A. Schneide	Schweiden r. President	

Schneider Farms, Inc.

Failure to provide any of the required information will result in the return of your application.

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$100.

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ssign by proof - Apprev

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