Request for Assignment By Proof of Ownership



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/owrd

(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.

OWRD

If for multiple rights, a separate form and fee for each right will be required.

JOHN H. FLOWE	AREE IRR	TRUST	UA	1/4/02	2	
Name of Party Requesting Assignmen	t)					10
POBOX 1869	RE					68)
Mailing Address)		(City) (Stat	e) (Zip)	(Phone #,)	
hereby request assignment of an	entire application/pe	rmit/transfer or	er /limited lie	cense/ground	dwater statement;	
hereby request assignment of a (You must include a map showin statement to be assigned.)						
Application $\# T - 62$	69; Permit #	; Ti	ansfer Order	#	;	
Limited License #	; Gi	oundwater State	ement #		;	
Robert E. FLO	WERREE					
Name of Current Holder of Record) $Po B \delta \times IB \delta S$ Mailing Address)	2		20			
PO BOX 1869	KENO	NV d	25273	101	NA	
Mailing Address)		(City) (Sta	e) (Zip)	(Phone #)	
 to: a copy of the deed to the lansurvivorship of property held joint 2) <u>J</u> = I have the legal right to react the legal right to	equest assignment une contact the owner(s) of not a party to the assi <u>uest</u> . (Proof may include	cannot accept a der OAR 690-310 f record for the a tice of the assigr ignment. ORS 53 de but not be lim	copy of a tax -0280 and 69 bove referen ment has be 7.220(2) <u>Failt</u>	kstatement. 0-320-0060. Inced transaction en given or ato ure to submit	ion. <u>I have</u> ttempted for <u>this proof will</u>	roof - Approve
4) $\underline{\downarrow \leftarrow}$ I further certify that the	information provided I	nerein is true and	correct to th	e best of my	knowledge.	00
Witness my hand this 21 (Day)	day of JAN (N	Month)	20 <u>23</u> . (Year)			201
Signature of Party Failure to provide any of	Requesting Assignmen the required informat		the return o	eun f your applic	Truster ation.	405 1
This certifies assignment and record of Oregon Water Resources Departmen 8:00 a.m. on date of receipt at Salem, Fee receipt # For Director by Mary F. Bjork. Program Water Rights Division.	t effective Oregon. n Analyst in	The completed form <i>must</i> be su along with the r	bmitted to th	ne Departmen	nt	

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