Request for Assignment



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/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, Ca	sparian Angel Crest, LI	LC				
(Nam	e of Current Holder of I	Record)				
2098	0 NE Niederberger Rd.	Dundee	OR	97115	(503)476	6-0203
(Mail	ling Address)	(City)	(State)	(Zip)	(Pho	ne #)
			the entire application authorized under the r		er/limited lice	nse groundwater
	statement; (You must	t include a map sl	a portion of application of the portion of its signed. Example, sol	the application peri	mit/transfer or	der limited
			in and to the entire apple, adding an addition		nsfer order/hir	nited
	Application #	CW-131	; Permit		; Tra	ansfer order #
	Limited License	: #	; Groundwa	ater Statement #		;
as file	ed in the office of the W	ater Resources Di	irector, to:			RECEIVED
ΔαW	Vest Farm Credit, PCA	V				MAY 2 6 2023
	e of New Owner)	11				OWRD
,	arm Credit Drive SE	Salem	OF	R 9'	7301-5501	(503)373-3000
(Mail	ling Address)	(City)	(Stat	re)	(Zip)	(Phone #)
And Casp	arian Angel Crest, LLC					
(Nam	e of New Owner)					
2098	0 NE Niederberger Rd.	Dundee	OF	3	97115	(503)476-0203
(Mail	ling Address)	(City)	(Stat	re)	(Zip)	(Phone #)

12501

groundwater statement, you must	operty described in this application, permit, provide a list of all other owners' names an letters) of your first and last names at the sp	nd mailing addresses and attach it to			
	ed all other owners of the property describe vater statement of this Request for Assignment				
Witness my hand this 18	day of May	, 2023			
(Day)	—Docusigned by: (Month)	(Year)			
Signature of Current Holder of Record	—6IF60E2E55E9B471				
Failure to provide any of the	required information will result in the re	turn of your application.			
This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # //10 8/ 2 For Director by Mary F. Bjork. Program Analyst in Water Rights Division. The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$120					
		RECEIVED			
		MAY 2 6 2023			
COX		OWRD			

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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.

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I, Ca	asparian Angel Crest, LI	C				
(Nam	e of Current Holder of I	Record)				
2098	0 NE Niederberger Rd.	Dundee	OR	97115	(503)470	5-0203
(Mai	ling Address)	(City)	(State)	(Zip)	(Pho	ne #)
\boxtimes			ne entire application/perr athorized under the right)		der/limited lice	nse/groundwater
	statement; (You must	t include a map sho	portion of application/powing the portion of the agigned. Example, sold a p	pplication/pe	rmit/transfer or	der/limited
			n and to <u>the entire</u> applica e, adding an additional p		ransfer order/lir	nited
	Application #	; Permit #	; Permit #		; Transfer order #	
			;			
	Limited License	: #	: Groundwater	Statement #	REC	EIVED ;
as file	ed in the office of the Wa	ater Resources Dire	ector, to:			
					MAY 2	6 2023
AgW	/est Farm Credit, PCA				OW	'RD
(Nam	ne of New Owner)					
380	Farm Credit Drive SE	Salem	OR		97301-5501	(503)373-3000
(Mai	ling Address)	(City)	(State)		(Zip)	(Phone #)
And Casp	parian Angel Crest, LLC					
(Nam	ne of New Owner)					
2098	0 NE Niederberger Rd.	Dundee	OR		97115	(503)476-0203
(Mai	ling Address)	(City)	(State)		(Zip)	(Phone #)

gro	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 this form. Write the initials (first letters) of your first and last names at the spot indicated below				
		otified all other owners of the prindwater statement of this Reque		application, permit,	
Witness m	y ha <mark>n</mark> d this 18	day of May		, 2023	
	(Da	ay)	(Month)	(Year)	
Signature o	of Current Holder of Record				
1	Failure to provide any of t	he required information will r	esult in the return of ye	our application.	
DO NOT H	RITE IN THIS BOX				
			quest for Assignment" tted to the Department		

MAY 2 6 2023 OWRD