## 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.

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

TIMOTHY K S	mith			
ame of Party Requesting Assignment)	Hur	COR	9773B	541-407-27
Iailing Address)	(City)	(State) (Zip)	(Phone #	541-493-27
hereby request assignment of an <u>entire</u> applie	cation/permit/trans	fer order /limit	ed license/ground	dwater statement;
hereby request assignment of a <u>portion</u> of ap ( <u>You must include a map</u> showing the portion statement to be assigned.)				
Application # 6-11672; Perm	nit #_G -10 9 C	74; Transfer O	rder #	;
Limited License #	; Groundwat	er Statement #_		;
RICHARD LEWIS	MILLER			
lame of Current Holder of Record)		10.	aller ma	()
UNKNOWN		(1-2		ceased)
Nailing Address)	(City)	(State) (Zip)	(Phone #	£)
<ul> <li>to: a copy of the deed to the land, a copy of survivorship of property held jointly. The Deep 2) <u>TS</u> I have the legal right to request assign</li> <li>3) <u>TS</u> I have not been able to contact the o attached proof acceptable to the Department each identified property owner not a party result in the return of your request. (Proof mailing, copy of a Death Certificate, or a contact the information</li> <li>4) <u>TS</u> I further certify that the information</li> </ul>	epartment cannot a nment under OAR 6 wner(s) of record fo nt that notice of the to the assignment. may include but not urt order.)	ccept a copy of 90-310-0280 ar or the above refe assignment ha ORS 537.220(2) be limited to: a	a taxstatement. d 690-320-0060. Ferenced transact s been given or a <u>Failure to submit</u> a copy of returned	tion. <u>I have</u> ttempted for <u>t this proof will</u> d certified
Witness my hand this day of day of			3.	4
Signature of Party Requesting A Failure to provide any of the required		esult in the retu	Irn of your applic	ation.
This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon.		eted "Request for Assignment		
Fee receipt # GOS For Director by Mary F. Bjork. Program Analyst in Water Rights Division.		form <i>must</i> be submitted to the along with the recording fee of		nt SEP 1 1 202
				OWRD