

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



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, Kalen Halter
(Name of Party Requesting Assignment)
39638 Mohawk Loop Marcola OR 97454 541-933-1234
(Mailing Address) (City) (State) (Zip) (Phone #)

- hereby request assignment of an entire application/permit/transfer order /limited license/groundwater statement;
- hereby request assignment of a portion of application/permit/transfer order/limited license/groundwater statement;
(You must include a map showing the portion of the application/permit/ transfer order /limited license/groundwater statement to be assigned.)

Application # P78057; Permit # _____; Transfer Order # _____;

Limited License # _____; Groundwater Statement # _____;

Robert Russell
(Name of Current Holder of Record)
39638 Mohawk Loop Marcola OR 97454 541-933-1234
(Mailing Address) (City) (State) (Zip) (Phone #)

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

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

Witness my hand this 27 day of December 2023
(Day) (Month) (Year)

Signature of Party Requesting Assignment Kalen Halter

Failure to provide any of the required information will result in the return 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 # 142187
For Director by Mary F. Bjork, Program Analyst in Water Rights Division. MFB

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$120.

RECEIVED
JAN 02 2024
OWRD

Assign by Proof - Approve
1-19-2024
MFB

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

995558

I.D. TAG NO.

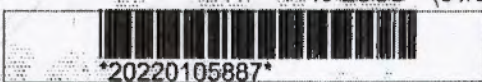
OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2021-043509

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date	
			Robert	Straub	Russell		December 30, 2021	
	Sex	Age	Social Security Number			County of Death		
	Male	80 years	[REDACTED]			Lane		
	Birthdate	Birthplace		Was Decedent Ever in U.S. Armed Forces?				
	July 26, 1941	Tucson, Arizona		No				
	Residence		City/Town					
	39638 Mohawk Loop Road		Marcola					
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
	Lane		Oregon		97454		No	
	Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
	Divorced							
	Father's Name				Mother's Name Prior to First Marriage			
	Alexander Russell Jr				Jean Straub			
	Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Kalen Halter		Not Available		Daughter		39530 Mohawk Loop Road, Marcola, OR 97454		
Place of Death			Facility Name					
Decedent's Residence - Hospice								
Location of Death			City/Town or Location of Death		State		Zip Code + 4	
39638 Mohawk Loop Road			Marcola		Oregon		97454	
Method of Disposition		Place of Disposition			Location (City/Town and State)			
Cremation		Andreason's Springfield Cremation Center			Springfield, Oregon			
Name and Complete Address of Funeral Facility								
Andreason's Cremation & Burial Services, Springfield				320 N 6th Street, Springfield, Oregon 97477				
Date of Disposition		Funeral Director's Signature			Electronically Signed		OR License Number	
TBD		Stephen P Dockendorf					CO-3929	
Registrar's Signature				Date Received		Local File Number		
Jennifer A Woodward				January 05, 2022				
Amendment								

45-2CCS (01/06)



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JAN 02 2024
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I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS. FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: January 06, 2022

JENNIFER A. WOODWARD, Ph.D.
 STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.