



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

Ownership Update for Certificated Rights Only

NO FEES ARE REQUIRED TO SUBMIT THIS FORM

NOTICE: A certificate of water right typically stays with the land. To track water right ownership, the Department requests that this form be submitted to the Department. **To update multiple rights, a separate form is required for each right.** If you have any questions about this form, please contact your local watermaster, or call the Water Resources Department at (503) 986-0900.

Note: Use the assignment form to change ownership on pending applications, permits, transfers, groundwater registrations, or limited licenses. **Current Landowner Information** Bretton S. Kudd Name: 62913 Wallsinger Road Mailing Address: City: State: OR Zip: uddfarmsa 541-910-1817 Phone: Email: **Property Information** Township: 39E Section: County: Range: Tax Lot #: Street Address of Water Right: **Water Right Information** Application: Permit: Certificate: 90977 Are all the lands associated with this water right owned by the requestor? Yes No (If no, include a map showing the portion of the water right involved) Signature and Date Name of individual completing form: ie. sites aguestfc. com Phone or email: Date: 16-11-24 Signature of requestor:

This form can be mailed to the address above or sent by email to wrd_dl_customerservice@water.oregon.gov

The Department does not change names on water right certificates. This form will be placed in the file for

future reference only. If mailed, the Department will not provide acknowledgment of receipt.

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Current Landowner Information									
Name:	Agwest Farm Credit, FLCA								
Mailing Address:									
City:	Baker City	State: OR Zip: 97814							
Phone:	541-524-2920	Email: Katie Sites Daguestie con							
Property Informati	ion								
County: Uni	ion	Township: 2S Range: 3QE Section: 29/30							
Tax Lot #:									
Street Address of V	Water Right:								
Water Right Information									
Appli	ication:								
F	Permit:								
Cert	tificate: 90977								
Are all the lands associated with this water right owned by the requestor?									
(If no, include a map showing the portion of the water right involved)									
Signature and Date	e								
Name of individual completing form: Katie Sites									
Phone or email:	Kad	ie sites a gowestfc. com Date: 10-11-24							
Signature of reque	\ \ \ \ \ \	atie Sites							

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DEPOSITE OF REPORT OF PROPERTY AND LINE							Charles over the same and					
Name:	Pau	C. Rudd J	Disclaimer Trust									
Mailing Addr	ling Address: 64053 Geveler Lane											
City:	La	Brande	_	State:	C	R	Zip:	97850				
Phone:	5411	-863-4516)	Email:								
Property Information												
County:	Union		Tow	Township: 2S Range: 39E Section: 293								
Tax Lot #:								V				
Street Address of Water Right:												
Water Right Information												
= =	Application:											
	Permit:											
	Certificate:	tificate: 90977										
Are all the lands associated with this water right owned by the requestor?												
(If no, include a map showing the portion of the water right involved)												
Signature and Date												
Name of individual completing form: Kate Sites												
Phone or em	ail:	atie. Si	tesalou	cove	estfc. C	com	Date: 10-11-24					
Signature of requestor:					let							
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Current Landowner Information														
Name:		Jane	2+ !	K. R	udd									
Mailing Address: 64053 Gekeler Ragged Loune														
City:	La Grande						State: OR Zip: 97850						0	
Phone:		541-	16	Email:										
Property Information														
County:	Unio	nion				Town	Township: 2S Ra			ge: 39 E Section: 29 3				
Tax Lot #:					*******************									
Street Address of Water Right:														
Water Right Information														
	Applica	ation:												
	Pe	ermit:												
Certificate: 90977														
Are all the lands associated with this water right owned by the requestor?														
(If no, include a map showing the portion of the water right involved)														
								000/35/2-7-23/20	THE SECTION OF THE SE					
Signature and Date														
Name of individual completing form: Katie Sites														
Phone or email:				Kat	(afie. sites Dagwest fc. com Date: 10.11-24									
Signature of	request	or:			Xc	itie	Sit	es ()					
The Departme	ent does	s not ch	ango	namos	on wate	ar right	cortif	icator	This form	o will be	n nla	cod in	tha f	file for

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