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.

,_Vladislav O. Zhirnov				
(Name of Party Requesting Assignment)				
PO Box 88	Riddle,	OR	97469	415-233-5033
(Mailing Address)	(City)	(State)	(Zip)	(Phone #)
hereby request assignment of an entire application	on/permit/transf	er order	/limited lice	ense/groundwater statement;
hereby request assignment of a <u>portion</u> of application of a <u>must include a map</u> showing the portion of statement to be assigned.)			-	. •
Application # $S-88707$; Permit #	S-55230	; Trans	sfer Order #	;
Limited License #	; Groundwate	r Stateme	ent #	
Paula Stonerod				
(Name of Current Holder of Record)				
PO Box 573	Riddle,	OR 9'	7469	
(Mailing Address)	(City)	(State)	(Zip)	(Phone #)
Note: Write the initials (first letters) of your first and	last names at the	s cnots in	disated hal	low 1/.7
			400	
1) 1/2 certify that I am the current owner of the	e property describ	oed in thi	s applicatio	on, permit, transfer order,
limited license, or groundwater statement. I have to: a copy of the deed to the land, a copy of a la	re attached proof	of owner	rship that m	nay include but not be limited
survivorship of property held jointly. The Depar				
2) verified 1 have the legal right to request assignment				
3) Vt I have not been able to contact the owner	er(s) of record for	the abov	ve referenc	ed transaction. I have
attached proof acceptable to the Department th	nat notice of the a	assignme	nt has beer	n given or attempted for
each identified property owner not a party to the	ne assignment. O	RS 537.2	20(2) <u>Failur</u>	e to submit this proof will
result in the return of your request. (Proof may		e limited	to: a copy	of returned certified
mailing, copy of a Death Certificate, or a court of				
4) V7 I further certify that the information prov	rided herein is tru	e and co	rrect to the	best of my knowledge.
Witness my hand this 25 day of	Time	20	25	
Witness my hand this 25 day of 7	(Month)	, 20_	(Year)	
Signature of Party Requesting Assig	nmont =	27		and the second second second second
Failure to provide any of the required info	ormation will res	ult in the	return of v	your application.
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The completed "Request for Assignment" form *must* be submitted to the Department by OWRD along with the recording fee of \$120.

Salem, OR