

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, Colton Stowe

(Name of Party Requesting Assignment)

1610 Sand Creek RD
(Mailing Address)

Drain
(City)

Oregon 97435
(State) (Zip)

541-212-6096
(Phone #)

coltonstowe.3@gmail.com
(Email Address)

- ☒ 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 # 58840s; Permit # 44544; Transfer Order # _____;

Limited License # _____; Groundwater Statement # _____

Michael Pfeiffer
(Name of Current Holder of Record)

Michael Pfeiffer 1601 Adelman Loop
(Mailing Address)

Eugene OR 97402
(City) (State) (Zip) (Phone #)

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

- 1) CS 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) CS I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
- 3) CS 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) CS 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 January, 2026.
(Day) (Month) (Year)

Signature of Party Requesting Assignment _____

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 # 146797

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 \$180.

Received
FEB 02 2026

WR OWRD

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1138288

LD. TAG NO.

136-2025-038733

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date	
			Michael	George	Pfeiffer		December 08, 2025	
	Sex	Age		Social Security Number		County of Death		
	Male	82 years		[REDACTED]		Lane		
	Birthdate		Birthplace		Was Decedent Ever in U.S. Armed Forces?			
	September 04, 1943		Detroit, Michigan		Yes			
	Residence:				City/Town			
	1601 Adelman Loop				Eugene			
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
	Lane		Oregon		97402		Yes	
	Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
	Married		Ute Maya Brachmann					
	Father's Name				Mother's Name Prior to First Marriage			
	George Richard Pfeiffer				Cara Slawenska			
	Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Maya Brachmann		Not Available		Spouse		1601 Adelman Loop, Eugene, OR 97402		
Place of Death				Facility Name				
Decedent's Residence - Hospice								
Location of Death		City/Town or Location of Death		State		Zip Code + 4		
1601 Adelman Loop		Eugene		Oregon		97402		
Method of Disposition		Place of Disposition		Location (City/Town and State)				
Cremation		Smith-Lund-Mills Crematorium		Cottage Grove, Oregon				
Name and Complete Address of Funeral Facility								
Smith-Lund-Mills Funeral Chapel 123 S. 7th Street, Cottage Grove, Oregon 97424								
Date of Disposition		Funeral Director's Signature				OR License Number		
TBD		Jennifer G. White-Muir				FS-0672		
Registrar's Signature		Date Received		Local File Number				
Jennifer A. Woodward		December 11, 2025						
Amendment								

45-2CCS (01/06)



20251217131

Received
FEB 02 2026
OWRD

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.

December 11, 2025

DATE ISSUED:

Jennifer A. Woodward
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

