

Request for Assignment

By Proof of Ownership (If Permit/Transfer Holder is not available)

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

I, PATRICK & SUZANNE SHERRETS (Name of Party Requesting Assignment)
P.O. Box 1651 SHADY COVE OR 97539 (541) 830-5074 (Mailing Address) (City) (State) (Zip) (Phone #) CD (541) 941-490
hereby request assignment of application/permit/transfer;
hereby request assignment of a <u>portion</u> of application/permit/transfer; (You must include a map showing the portion of the application/permit/transfer to be assigned.)
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.
Application # 5-8/663; Permit # 5337/; Transfer# 7-73/7
GR Statement #; GR Certificate of Registration #
RALPH D WORTHYLAKE (Name of Permit/Transfer Holder of Record)
(Name of Permit/Transfer Holder of Record)
506 VINCENT AVE CENTRAL POINT, OR 97502
506 VINCENT AVE CENTRAL POINT OR 97502 (Mailing Address) (City) (State) (Zip) (Phone #)
Mailing Address) (City) (State) (Zip) (Phone #) Note: You are required to furnish 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.)
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2) I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.
 2) I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060. 3) I have not been able to contact the owner(s) of record for the above referenced application or water right. 4) I further certify that the information provided herein is true and correct to the best of my knowledge.
 2) I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060. 3) I have not been able to contact the owner(s) of record for the above referenced application or water right. 4) I further certify that the information provided herein is true and correct to the best of my knowledge.
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DO NOT WRITE IN THIS BOX

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 # 90031

For Director by Jerry Sauts Water Rights Division

The completed "Request for Assignment form must be submitted to the Department along with a recording feet

OCT 0 4 2007

SALEM, OREGON