

## Request for Assignment By Proof of Ownership

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

(If Permit/Transfer Holder is not available)						
If for multiple rights, a separate form and fee for each right will be required.						
I, Lorinda Myers, a married person dealing in his/her separate Property						
(Name of Party Requesting Assignment) 2585 Knob Hill Drive Reno, NV 89506 OR (775) 972-5592						
(Mailing Address) (City) (State) (Zip) (Phone #)						
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 # 64990 ; Permit # 4700+ ; Transfer#						
GR Statement #; GR Certificate of Registration #						
Northwest Farm Credit Services, FLCA and Lorinda Myers, a married person dealing (Name of Permit/Transfer Holder of Record) in his/her separate property						
300 Klamath Avenue, Suite 200 , P.O. Box 148 Klamath Falls, OR 97601						
(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.)						
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.)  1) I certify that I am the current owner of the property described in this application, Permit or Certificate of Registration.  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.  Witness my hand this day of 20						
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.						
Witness my hand this day of, 20						
Party Requesting Assignment Old attorned for Signature of						
Party Requesting Assignment						
DO NOT WRITE IN THIS BOX						
This certifies assignment and record change at Oregon Water Resources Department effective  The completed "Request for Assignment form must be submitted to the Department along with						
8:00 a.m. on date of receipt at Salera, Oregon.  Recereceipt # 27040						
For Director by Jerry Sautor Program Analyst in Water Rights Division						

Last updated: Aug 17, 2007

Request for Assignment

AUG 2.2 2008 WATER RESOURCES DEPT SALEM, OREGON

## REQUEST FOR ASSIGNMENT

I, (pen	mit holder, applicant	) Lorinda Myers, a n	narried person	n dealing in his/her sej	parate pro	perty	
			eno, NV 89506			(775) 972-5592	
(mailing address) (C		ity, State, Zip	p)		(Phone)		
CHEC	K ONE						
[X]	] hereby assign all my interest in and to application/permit;						
[]	hereby assign <u>all my interest</u> in and to a portion of application/permit (include a map showing portion of application assigned);						
[]	hereby assign a portion of my interest in and to the entire application/permit;						
Application #							
OR GI	R Statement #	, G	R Certificate	e of Registration #		•	
		ater Resources Direct		υ			
Northy	vest Farm Credit Ser	vices, FLCA and Lor	rinda Myers,	a married person deal	ing in his	her separate property	
	of new owner)			<u>-</u>			
300 Klamath Avenue, Suite 200, PO Box 148				Klamath Falls, OR	97601	(541) 850-7500	
(addre			(c	ity, state, zip)		phone #)	
2585 k	Knob Hill Drive			Reno, NV 89506		(775) 972-5592	
(address) (city, state		state, zip)			phone #)		
Registi I hereb Certifi	ration you must attac by certify that I have cate of Registration of	th a list of their name notified all other own of this request for ass	s and address ners of the pr signment.		is Applica		
PLEAS	SE DO NOT WRITE	E IN THIS BOX					
The				ted assignment must b Department together w Deages will cost \$5 per	ith a reco		
	<u> </u>		725 SUMM	ESOURCES DEPART ER STREET NE, SUI REGON 97301-2430	ITE A		

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