## REQUEST FOR ASSIGNMENT

BY PROOF OF OWNERSHIP (IF PERMIT/TRANSFER HOLDER IS NOT AVAILABLE)

|  | CKELFORD AND  | KATHLEEN      | L. WOODS         |                                      |
|--|---|---------------|------------------|--------------------------------------|
| (Name of Party Requesting Assignment) (541)  |   |               |                  |                                      |
| 1331 LATLE ApolE   | City)   | oulle OR      | 97530            | <u>899-7873</u>                      |
| (Mailing address)  | (City)  | (State)       | (Zip)            | (Phone #)                            |
| CHECK ONE  |   |               |                  | RECEIVED                             |
| hereby request assignment in and to application/permit/transfer;   |   |               |                  | SEP 2 1 2006                         |
| ☐hereby request assignment in and to a <i>portion</i> of application/permit/transfer;  |   |               |                  | WATER RESOURCES DEF<br>SALEM, OREGON |
| (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;  (Remember to include \$5 for each additional page.) |   |               |                  |                                      |
| Application #  | , Permit #  |               | , Transfer # :   | T-8968_                              |
| -OR- GR Statement #, GR Certificate of Registration #  WILLIAM H. SHACKELFORD  |   |               |                  |                                      |
| (Name of Permit/Transfer Ho  | ame of Permit/Transfer Holder of Record)  Jacksonville, |               | (541)            |                                      |
| 1331 LITTLE  | APPLEGATE RD.   | OR            | 97530            | 899-7873                             |
| (Mailing address)  | (City)  | (State)       | (Zip)            | (Phone #)                            |
| If there are other owners of the property described in this Application, Permit, Transfer, or Certificate of Ground Water Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.                                     |   |               |                  |                                      |
| I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment.  |   |               |                  |                                      |
| Party Requesting Assignment Assignment Party Requesting Assignment   |   |               |                  |                                      |
| DO NOT WRITE IN  | T   | The completed | "Request for Ass | signment" form                       |

- This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, Oregon.

- ree receipt # 64604 - For Director by Jerry Sauth, Program & Water Rights Division <del>Snaly</del>st in

must be submitted to the Department along with the appropriate recording fees:

- ♦ \$25 for the first page, and
- \$5 for each additional page. [as required by ORS 536.050(1)(d)]

WATER RESOURCES DEPARTMENT 725 SUMMER STREET NE, SUITE RECEIVED SALEM, OREGON 97301-1271 OCT 16 2006