

Request for Assignment

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

| If for multiple rights, a sepa | arate form and fee | e for each r | ight will | be requir | ed. | | , | |
|--|---------------------|----------------------|---------------|-----------|---------------|---|---------|------------|
| I, Thomas E. (Name of Party Reques | & Jan | SL. | Bre | itans | | | | |
| (Name of Party Reques | sting Assignment) | 0 1 | | | | | | |
| (Mailing Address) | Rd NE | Stilau | | OR _ | 97137 | 503-932.314 | 10 _ | |
| (Mailing Address) | | | (City) | (State) | (Zip) | (Phone #) | | |
| 🗖hereby request | assignment of app | plication/pe | ermit/tra | nsfer; | | | | |
| hereby request (You must incl | | | | | | ansfer to be assigne | d.) | |
| I have attached proof of ow of a land sales contract, a c Department cannot accept a | ourt order or decr | ee, docume | | | | | | |
| Application # | ; Permit # | ! | | ; Tra | nsfer# | RE | CEI | VED |
| GR Statement # GR-32 | 73 ; GR Certi | -OR- ficate of Re | gistratio | n#GR | -3044 | AF | R 27 | 2009 |
| CHARLES F. & LECHIA C. DESCLAND WATER RESOURCE (Name of Permit/Transfer Holder of Record) SALEM, OREGO | | | | | | | | CES DEPT |
| | | | | | | SAL | EM, Oh | EGUN |
| (Mailing Address) | 10x 19_ | <i>ST.</i> | <u>(City)</u> | (State) | (Zip) | (Phone #) | _ | |
| | | | | | | | | |
| Note: You are required to given or attempted | | | | | | he assignment has to ment. ORS 537.220 | | |
| Failure to submit t | his proof will rest | ult in the re | turn of y | our reque | est. (Proof m | ay include but not b | | |
| limited to: a copy o | | | | | | • | | 4 8 |
| 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. | | | | | | | | |
| 2) I have the regarding to request assignment and or | | | | | | | | |
| 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 24 day of April , 20/04. | | | | | | | | |
| Party Requesting Assignment Who / J | | | | | | | | |
| Party Requesting Assignment Aw Paul | | | | | | | | |
| DO NOT WRITE | IN THIS BOX | Vj | , | , - | . 105 | | | |
| This certifies assignmen Oregon Water Resource | | | | | | et for Assignment for Department along | | |

Last updated: Aug 17, 2007

Fee receipt # 96274

Water Rights Division

8:00 a.m. on date of receipt at Salem, Oregon.

For Director by Jerry Sautor Program Analyst in

Request for Assignment

a recording fee of \$50.

WR