

## Request for

Assignment
By Proof of Ownership
(If Water Right Holder is Not Available)

| location Edgawood inc  | odoli light win ot   | o requi                                     | <b>.</b>   |  |                       |
|--|--|---|--|--|-----------------------|
| Jespersen-Edgewood, Inc.   |  |   |  |  | _                     |
| (Name of Party Requesting Assignment)  |  |   |  |  |                       |
| 12941 Swan Lake Road   | Klamath Falls  | OR  | 97603  | 541-884-7818   | •                     |
| (Mailing Address)  | (City)   | (State)                                     | (Zip)  | (Phone #)  | _                     |
| ☑ hereby request assignment of application   | ı/permit/transfer/   | license.                                    | /GR Certi  | ficate of Registration;  |                       |
| hereby request assignment of a <u>portion</u> Registration; (You must include a map s application/permit/transfer/license/GR   | howing the porti   | on of th                                    | e  |  |                       |
| have attached proof of ownership that may include a land sales contract, a court order or decree, department cannot accept a copy of a tax statements.   | ocumentation of  |   |  |  | <b>y</b>              |
| opplication # : Permit #   |  | : 7   | ransfer#   | T-3486   |                       |
| pplication #; Permit #   | -OR-   |   |  |  | -                     |
| icense # GR Statement #  | ; GR C   | ertifica                                    | te of Regi   | stration #   | _                     |
| C.W. Biaggi and T.M. Venable   |  |   |  |  |                       |
| (Name of Holder of Record)   |  |   |  | _  | _                     |
| (Nume of House of Necoru)  |  |   |  |  |                       |
| Star Rt  | Dairy  | OR  | 97601  |  | _                     |
| (Mailing Address)  | (City)   | (State)                                     | (Zip)  | (Phone #)  | _                     |
| given or attempted for each identified pro Failure to submit this proof will result in limited to: a copy of returned certified m  1) I certify that I am the current owner of th license or GR Certificate of Registration. 2) I have the legal right to request assignme 3) I have not been able to contact the owner right. 4) I further certify that the information prov Witness my hand this | the return of you ailing, copy of a see property descriped that under OAR 69 (s) of record for ided herein is true Jespersen-Edg | Death (bled in 190-310-the about the and co | cest. (Proof<br>Certificate<br>this applicate<br>0280 and<br>ve referent<br>correct to t | may include but not be a, or a court order.) ation, Permit, transfer, 690-320-0060. ced application or water | Asylon By Preson      |
| Taty Toquesting Assignment   | 11110.   | -   |  | <u> </u>   |                       |
| DO NOT WRITE IN THIS BOX   |  |   |  |  |                       |
| This certifies assignment and record change at   |  |   |  | Assignment"  | IN 08 20              |
| regon Water Resources Department effective   |  |   |  |  | 74 OO ED              |
| 00a.m. on date of receipt at Salem, Oregon. Fee receipt # 60084  For Director by Jerry Sauter Program Analyst in later Rights Division   | along with th  | 16 16COI                                    | ung iee o  | WATERR   | ESOURCES<br>EM, CRECO |