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REQUEST FOR ASSIGNMENT

WATER RESOURCES DEI

I, (permit holder, applicant) Tracy L. Fietz SALEM, OREGO	
agent (mailing address) (city) (s	ourt, OR 97467 541-271-3607 (phone)
CHECK ONE CHECK ONE Thereby 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 <u>a portion of my interest</u> in and to the entire application/permit;	
Application # R-83373 , Permit # R-12286 ;	
OR GR Statement #, GR Certificate of Registration #as filed in the office of the Water Resources Director, TO:	
Richard C. & Shelagh E. Howell 541-271-2629 (name of new owner) (phone #)	
14443 Lower Smith River Rd. Reedsport, OR 97467 (address) (city) (state) (zip)	
(Note: If there are other owners of the property described in this Application, Permit of Certificate of Groundwater Registration you must attach a list of their names and addresses 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.	
Witness my hand this 17th day of January 1998.	
applicant/permit holder Judith Petersdorf as agent	
applicant/permit holder for Tracy L. Fietz	
PLEASE DO NOT WRITE IN THIS BOX	
STATE OF OREGON.)	The completed assignment
) ≈	must be submitted to the
County of Marion.	Water Resources
I certify that the within was	Department together with a recording fee of
received by me on the day of	\$25. Additional pages
Jebruary 1998, at 8 o'clock	will cost \$5 per page.
	4- Fee Bade.
Miscellaneous Records, Vol. 8	WATER RESOURCES DEPARTMENT
Water Resources Director	158 12TH STREET NE
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