

Request for Assignment ECEIVED BY OWRD

SEP 09 2013

Name of Applicant / Permit / Transj				
SE Powells RD Mailing Address)	Corvallis (City)	(State)	97333 (Zip)	541-758-1403 (Phone #)
hereby assign <u>all my interest</u> in Registration;	and to application/perm	nit/transfe	er/license/C	GR Certificate of
hereby assign all my interest in of Registration; (You must incluant application/permit/transfer/lice	ide a map showing the	portion of	f the	
hereby assign <u>a portion of my in</u> Certificate of Registration:	nterest in and to the ent	<i>ire</i> applic	ation/perm	it/transfer/license/GR
cation #; Per	mit #	; Т	ransfer #_	T-11433
	-OR-			
led in the office of the Water Resour		R Certifi	cate of Reg	gistration #
nd in the office of the Water Resource Elizabeth Hedstrom Name of New Owner)	rces Director, to:			
in the office of the Water Resource lizabeth Hedstrom me of New Owner) Powells RD			97333	406-465-7271 (Phone #)
	Corvallis (City) roperty described in the row must provide a list orm.	OR (State) e Applica of all other	97333 (Zip) tion, Permi	406-465-7271 (Phone #) it, Transfer, License, or names and mailing this Application,
Elizabeth Hedstrom Name of New Owner) SE Powells RD Mailing Address) If there are other owners of the p GR Certificate of Registration, y addresses and attach it to this for ereby certify that I have notified a rmit, Transfer, License, or GR Cert	Corvallis (City) roperty described in the row must provide a list orm. Il other owners of the partificate of Registration	OR (State) e Applica of all other	97333 (Zip) tion, Permiter owners'	406-465-7271 (Phone #) it, Transfer, License, or names and mailing this Application, Assignment
Elizabeth Hedstrom Name of New Owner) SE Powells RD Mailing Address) If there are other owners of the p GR Certificate of Registration, y addresses and attach it to this for ereby certify that I have notified a rmit, Transfer, License, or GR Cert	Corvallis (City) roperty described in the rou must provide a list orm. Il other owners of the prificate of Registration	OR (State) e Applica of all other	97333 (Zip) tion, Permiter owners'	406-465-7271 (Phone #) it, Transfer, License, or names and mailing this Application, Assignment

DO NOT WRITE IN THIS BOX

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

Fee receipt # 1/2035

For Director by Jerry Sauter. ogram Analyst in

Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$75.

SEP 2 3 2013

SALEM, OR

Last updated: August 21, 2009

Request for Assignment

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