

Request for Assignment

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

If for multiple rights, a separate form and fee for each right will be required.

, James Milgard		
(Name of Party Requesting Assignment)		
9801 Allen Point	Gig Harbor, WA 98332	(253) 851-1001
(Mailing Address)	(City) (State) (Zip)	(Phone #)
Mathematical hereby request assignment of applicat	tion/permit/transfer/license/GR Certifi	cate of Registration;
hereby request assignment of a <u>portion</u> Registration; (You must include a majapplication/permit/transfer/license/G		
have attached proof of ownership that may in of a land sales contract, a court order or decree Department cannot accept a copy of a tax state	, documentation of survivorship of pro	
Application # G-15139 ; Permit #; Permit #; Permit #;	G-15020 ; Transfer#	
License # GR Statement #	-OR-	tration #
	, OR Certificate of Regis	tration #
Robert L. Coats		
(Name of Holder of Record)		
1972 NE 3rd Street #157		
1972 NE 3rd Street #157 (Mailing Address)	Bend OR 97701 (City) (State) (Zip)	
 (Mailing Address) Note: You are required to furnish proof acce given or attempted for each identified Failure to submit this proof will result limited to: a copy of returned certified 1) I certify that I am the current owner of license or GR Certificate of Registrati 2) I have the legal right to request assign 3) I have not been able to contact the ow right. 	(City) (State) (Zip) eptable to the Department that notice of property owner not a party to the assist in the return of your request. (Proof of mailing, copy of a Death Certificate, of the property described in this application. Imment under OAR 690-310-0280 and 60 oner(s) of record for the above reference.	(Phone #) f the assignment has been gnment. ORS 537.220(2) may include but not be or a court order.) ation, Permit, transfer, 690-320-0060. eed application or water
 (Mailing Address) Note: You are required to furnish proof acce given or attempted for each identified Failure to submit this proof will result limited to: a copy of returned certified 1) I certify that I am the current owner of license or GR Certificate of Registrati 2) I have the legal right to request assign 3) I have not been able to contact the owner of the contact the contact the contact the owner of the contact the contact the contact the owner of the contact the	(City) (State) (Zip) eptable to the Department that notice of property owner not a party to the assist in the return of your request. (Proof of mailing, copy of a Death Certificate, of the property described in this application. International content of the above reference provided herein is true and correct to the	(Phone #) f the assignment has been gnment. ORS 537.220(2) may include but not be or a court order.) ation, Permit, transfer, 590-320-0060. bed application or water the best of my knowledge.
 (Mailing Address) Note: You are required to furnish proof acce given or attempted for each identified Failure to submit this proof will result limited to: a copy of returned certified 1) I certify that I am the current owner of license or GR Certificate of Registrati 2) I have the legal right to request assign 3) I have not been able to contact the ow right. 4) I further certify that the information p 	(City) (State) (Zip) Explain to the Department that notice of property owner not a party to the assist in the return of your request. (Proof of mailing, copy of a Death Certificate, of the property described in this application. Imment under OAR 690-310-0280 and owner(s) of record for the above reference provided herein is true and correct to the sy of Mojember 120 120	(Phone #) f the assignment has been gnment. ORS 537.220(2) may include but not be or a court order.) ation, Permit, transfer, 590-320-0060. bed application or water the best of my knowledge.

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 # 10569

Fee receipt # 10569
For Director by Jerry Saute Program
Water Rights Division

The completed "Request for Assignment" CENED form must be submitted to the Department along with the recording fee of \$85.

MCN 8 8 5013

SALEM, OF