

Request for **Assignment**

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

I, Monique A. Heagle, Successor Truste	ee of the Craven F	amily Trus	st under	400141141101101110114100
(Name of Applicant / Permit / Transfer	Holder / License Ho	older/GR Ce	ertifica t e	of Registration)
PO Box 217	Myrtle Poir	nt OR 974	58	541-572-2344
(Mailing Address)	(City)	(State)	(Zip)	(Phone #)
hereby assign <u>all my interest</u> in and Registration;	d to application/pern	nit/transfer/	/license/C	R Certificate of
hereby assign <u>all my interest</u> in and of Registration; (You must include application/permit/transfer/license	a map showing the	portion of t	he	
hereby assign <u>a portion of my interest</u> Certificate of Registration:	est in and to the ent	<i>ire</i> applicat	ion/perm	it/transfer/license/GR
Application #55379; Permit	#_ 41503	; Tra	nsfer#_	
	-OR-			
Application # 55379 ; Permit License # ; GR Statement # As filed in the office of the Water Resources		R Certifica	te of Reg	istration #
As filed in the office of the Water Resources Monique A. Heagle (Name of New Owner)	Director, to:			
As filed in the office of the Water Resources Monique A. Heagle (Name of New Owner) PO Box 217	Director, to: Myrtle Poir	nt OR 974	58 ´	541-572-2344
As filed in the office of the Water Resources Monique A. Heagle	Director, to:	nt OR 974	58 ´	541-572-2344
As filed in the office of the Water Resources Monique A. Heagle (Name of New Owner) PO Box 217	Myrtle Poir (City) erty described in the	ot OR 9745	58 'Zip)	541-572-2344 (Phone #) t, Transfer, License, or
As filed in the office of the Water Resources Monique A. Heagle (Name of New Owner) PO Box 217 (Mailing Address) Note: If there are other owners of the prope GR Certificate of Registration, your addresses and attach it to this form. I hereby certify that I have notified all of Permit, Transfer, License, or GR Certific	Myrtle Poir (City) erty described in the must provide a list of the protected of Registration of the protected of Registration of the protected of the protect	of OR 9745 (State) (S	58 / Zip) on, Permi owners' i	541-572-2344 (Phone #) t, Transfer, License, or names and mailing this Application, assignment
As filed in the office of the Water Resources Monique A. Heagle (Name of New Owner) PO Box 217 (Mailing Address) Note: If there are other owners of the prope GR Certificate of Registration, your addresses and attach it to this form. I hereby certify that I have notified all of Permit, Transfer, License, or GR Certific	Myrtle Poir (City) erty described in the must provide a list of the protected of Registration of the protected of Registration of the protected of the protect	of OR 9745 (State) (S	58 / Zip) on, Permi owners' i	541-572-2344 (Phone #) t, Transfer, License, or names and mailing this Application, assignment
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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 # 11557

For Director by Jerry Say n Analyst in Water Rights Division

The completed "Request for Assignment" RECEIVED BY OWRD form must be submitted to the December 1 form must be submitted to the Department along with the recording fee of \$85. MAR 2 8 2014

SALEM, OF