

## Request for **Assignment**

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

I, Robert E. Brittan and Ellen M. Brittan (Name of Applicant / Permit / Transfer I	Holder / License Holder / GR Certific	rate of Registration)
PO Box 1225	McMinnville, OR 97128	(503) 989-2509
(Mailing Address)	(City) (State) (Zip)	(Phone #)
hereby assign <i>all my interest</i> in and Registration;	to application/permit/transfer/license	GR Certificate of
Certificate Registration; (You must	to a portion of application/permit/tra include a map showing the portion of GR Certificate of Registration to be a	fthe
hereby assign <i>a portion of my intere</i> Certificate of Registration:	est in and to the entire application/per	rmit/transfer/license/GR
Application # Gi-15596	; Permit # <u>G-1532</u>	1; Transfer #
License #; GR Sta	tement #; GR Cert	ificate of Registration #
As filed in the office of the Water Resources	Director, to:	
Northwest Farm Credit Services, FLCA (Name of New Owner) LENDER  Robert E. Brittan and Ellen M. Brittan (Name of New Owner)	650 Hawthorne Ave SE, Suite 210, F (Mailing Address) (City) (	PO Box 13309 Salem, OR 97309-9831 (State) (Zip)
PO Box 1225	McMinnville, OR 97128	
(Mailing Address)	(City) (State) (Zip)	(Phone #)
I hereby certify that I have notified all oth Certificate of Registration of this Request	of all other owners' names and mailing er owners of the property described in	mit, Transfer, License, or GR Certificate of ag addresses and attach it to this form.  In this Application, Permit, Transfer, License, or GR
Witness my hand this 17 TH	day of X June	, 20 <u>K 14</u> .
Applicant/Permit Holder	+ Kel Voul	
Applicant/Permit Holder	. A. P. 11	
This certifies assignment and record change oregon Water Resources Department effections:  8:00 a.m. on date of receipt at Salem, Oregon Fee receipt # 112513  For Director by Jerry Sauth Program Analy Water Rights Division	along with the recording fee of	ne Department

SALLEM, OR