Oregon Water Resources Department
725 Summer Street NE. Suite A
Salem. Oregon 97301
(503) 986-0900
www.wrd.state.or.us

## Request for Assignment IVED BY OWRD

Attn: Jerry Sauter

JUL 03 2014

	If for mult	iple rights,	a separate form	and fee for	each right wil	l be require	ed.	SAL	EM, OR	
	I.		Mary G	Beats	tie					
	(Nam	e of Applica	ant / Permit / Tr	ransfer Hold	ler / License H	older/GR (	Certificate of	f Registration)		
	1222 T	P.O. BCX	(62)		Gold Hill	OR	97525	541-6.	21 - 7220	
endoress -	(Mail	ing Address	9C3 NOW)		(City)	(State)	(Zip)	(Phone #)		
	X i	(Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate by Registration)  P.O. BOX 627  (Sold Hill OR 97525 541 - 621 - 7226  (Mailing Address)  (City) (State) (Zip) (Phone #)  hereby assign all my interest in and to application/permit/transfer/license/GR Certificate of Registration;								
		hereby assign <u>all my interest</u> in and to a portion of application/permit/transfer/license/GR Certificate of Registration; (You must include a map showing the portion of the application/permit/transfer/license/GR Certificate of Registration to be assigned.)								
		hereby assign <u>a portion of my interest</u> in and to the <u>entire</u> application/permit/transfer/license/GR Certificate of Registration:								
	Application # 56769 : Permit # 139 & 101813 : Transfer #									
	Applicati	on # <u>56</u>	1894	; Permit #	139E1012	7/3 :	Transfer#			
	Applicati	on # <u>56</u>	189 U	; Permit #	/39 E 10/2 -OR- :	GR Certif	Transfer #	istration #		
	Applicati	on # <u>56</u>	169 U ; GR Staten	: Permit #	/39 E 10/2 -OR- :	GR Certif	Transfer #	istration #	-	
	License #	in the office	; GR Staten	nent # tesources Di	rector, to:	GR Certif	icate of Regi	istration #		
	License #	in the office	; GR Staten	nent # tesources Di	rector, to:	GR Certif	icate of Regi	istration #		
	License #	in the office	; GR Staten	nent # tesources Di	rector, to:	GR Certif	icate of Regi	stration #		
	License #	in the office	; GR Staten	nent # tesources Di	rector, to:	GR Certif	icate of Regi	stration #		
	As filed in (Na	in the office	: GR Staten of the Water R derick F Owner)	nent # tesources Di	rector, to:	GR Certif	icate of Regi	stration #		
	As filed in (Na (Ma	in the office  Free me of New (  illing Address  If there are a  GR Certific  addresses a	: GR Stater  of the Water R  derick F  Owner)  sss)  other owners of the cate of Registrate and attach it to be	Resources Di  Tanz  f the propert tion, you mu this form.	(City y described in	OR Certif	icate of Reginal (Cappella) (Zip)  Exaction, Perminal (Cappella) (	54/- (Phone #) t, Transfer, Lichards and main	855 – 9355 cense, or iling	
	As filed in (Na (Ma Note:	in the office  Free me of New (  illing Address  If there are a  GR Certific  addresses a	: GR Stater  of the Water R  derick F  Owner)  other owners of the cate of Registrate	Resources Di Tanz  f the propert tion, you mu this form.	(City) y described in sst provide a liter owners of the	OR Certif	icate of Reginal (Zip)  Pation, Permit her owners in described in	54/- (Phone #)  t, Transfer, Lichannes and man	855 – 9355 cense, or iling	
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## DO NOT WRITE IN THIS BOX

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

- Fee receipt # 11765 - For Director by Jerry Sauter Program Analyst in Water Rights Division The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$75.

WR.