

Request for **Assignment**

If for multiple rights, a separat	e form and fee	for each right	will be required		
I, Elizabeth B: (Name of Applicant / P	rady & Jo	hn Jacob	son_		
(Name of Applicant / P	ermit / Transfe	er Holder)			
7130 Smullin Ro	ad; Mt. H	ood, OR	97041	541-352-7492	
(Mailing address)	(Ci	ity) (State)	(Zip)	(Phone #)	
XXhereby assign all my int	<u>erest</u> in and to	application/pe	ermit/transfer;		
hereby assign <u>all my interest</u> in and to a <u>portion</u> of application/permit/transfer; (You must include a map showing the portion of the application/permit to be assigned.)					
hereby assign <u>a portion of my interest</u> in and to the <u>entire</u> application/permit/transfer;					
Application #	, Permit	#	; Transfe	er#T-8644	
GR Statement #	, GR Cer	-OR- tificate of Reg	istration #		
as filed in the office of the Wa					
Sal D'Auria & Deb (Name of New Owner)	orah Neft	<u>:</u>			
2823 SW Rutland T	errace; F	ortlan d R	97205	503-227-8146	
(Mailing address)	(City	(Si	ate) (Zip)	(Phone #)	
NOTE: If there are other owners of the property described in this Application, Permit, Transfer or Certificate of Ground Water Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.					
I hereby certify that I have not or Certificate of Registration of				ed in this Application, Permit	
Witness my hand this $15^{\frac{14}{5}}$ day of $\frac{1}{5}$ da					
Applicant/Permit holder Alysta Mule mobs					
Applicant/Permit holder					
DO NOT WRITE IN THI				or Assignment" form <i>must</i> be nt along with the appropriate	
Oregon Water Resources Departmen	nt effective	recording f	ees:		
:00a.m. on date of receipt at Salem, Oregon. Fee receipt # 86410 Strong and					
For Director by Jerry Say Program Analyst in [as required by ORS 536.050(1)(d)]					
Water Rights Division	RECEIVED				

Last updated: Oct 3, 2006

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