

Request for Assignment

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

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1, YAUL A	. & DIAN	IE STAE	AELY		
(Name of Party Re	questing Assignme	nt)	`		
21303	S. CENT	TRAL DOIL	12. A.	503-706-6	292
(Mailing Address)		(City)	(State) (Zip)	(Phone #)	
hereby reques	t assignment of app	OPECTON olication/permit/trans		とうか 97045 ficate of Registration;	5
Registration;	(You must include d	oortion of application a map showing the po nse/GR Certificate of	ortion of the	nse/GR Certificate of ssigned.)	
	, a court order or de	ecree, documentation		f the deed to the land, a coroperty held jointly. The	рру
Application # 704	> 2\ ; Perm	nit # 51814 -OR-	; Transfer#		
icense #	GR Statement #		R Certificate of Regi	istration #	
	_ = =	-			
LONAL	D E. ST	mehrly			
(Name of Holder)	oj Kecoru)	· · · · · · · · · · · · · · · · · · ·		_	
1531	N. DLUM	Court (City)	ANBY DI	170 970	13
(Mailing Address)		(City)	(State) (Zip)	(Phone #)	
				503-675-4	<u>1035</u>
given or attem Failure to sub	pted for each ident mit this proof will r	ified property owner	not a party to the ass your request. (Proo	of the assignment has been signment. ORS 537.220(2) of may include but not be see, or a court order.))
	am the current own Certificate of Regis		scribed in this applic	cation, Permit, transfer,	\d g
		STRATION			
	I right to request as			690-320-0060.	₹,
		ssignment under OAI	R 690-310-0280 and	690-320-0060.	RATIAL
right.	n able to contact the	ssignment under OAI e owner(s) of record	R 690-310-0280 and for the above referer		HARTIM
right.	n able to contact the	e owner(s) of record	R 690-310-0280 and for the above referer strue and correct to t	the best of my knowledge.	SIGNI PRATIME
right. 4) I further certif Witness my hand this	that the informati	e owner(s) of record	R 690-310-0280 and for the above reference true and correct to the strue and correct to the structure and	the best of my knowledge.	ASTIGN PARTIAL PARE
right. 4) I further certify Witness my hand this	that the informati	e owner(s) of record ion provided herein is day of	R 690-310-0280 and for the above reference true and correct to the strue and correct to the structure and	the best of my knowledge.	ASSIGN PROJECT
right. 4) I further certify Witness my hand this	ty Requesting Assi	e owner(s) of record ion provided herein is day of	R 690-310-0280 and for the above reference true and correct to the strue and correct to the structure and	the best of my knowledge.	ASTERN PROGEN

- This certifies assignment and record change at Oregon Water Resources Department effective

8:00a.m. on date of receipt at Salem, Oregon.

- Fee receipt # 115241

- For Director by Jerry Saudar, Program, Salyst in Water Rights Division.

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

RECEIVED

MAR 16 2015

WATER RESOURCES DEPT SALEM, OREGON WR