

Request for Assignment

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

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

(Name of Party Request	an				
(1. a.i.o o) I air y request	ting Assignment)				
67825 Oil Well Rd.		Burns	OR		97720
(Mailing Address)		(City)	(State)	(Zip)	(Phone #)
hereby request assi	gnment of application/p	ermit/transf	er/license	/GR Certi	ficate of Registration;
Registration; (You application/permit. (ASSIGNED BY TAX	nership that may include ourt order or decree, doc	wing the portificate of R - SEE but not be l umentation	rtion of the Registration ATTAC r imited to	e on to be a ted im i a copy o	ssigned.) AP 4 SEESS f the deed to the land a conv
Application # G-15205	; Permit # G-15	019	: 7	ransfer#	N/A
Application #_G-15205 License # GR	-O	<i>R</i> ; GR	Certifica	te of Reg	istration #
Mat & Jani Remsburg					
(Name of Holder of Red	cord)				
PO Box 1427		Hines	OR		97738
(Mailing Address)		(City)	(State)	(Zip)	(Phone #)
given or attempted if Failure to submit the limited to: a copy of 1) I certify that I am the license or GR Certife 2) I have the legal right 3) I have not been ableeright. 4) I further certify that Witness my hand this	for each identified properties proof will result in the freturned certified mail the current owner of the process of Registration. In the contact the owner(s) the information provides the information provides the contact the owner(s) the contact the contact the contact the owner(s) the contact	erty owner ne return of y ing, copy of oroperty descunder OAR of record for the ded herein is the two contracts.	ot a party our reque a Death (cribed in the about the ab	to the assest. (Proop Certificate this applicate 0280 and we reference orrect to t	cation, Permit, transfer, 690-320-0060. aced application or water the best of my knowledge.
given or attempted to Failure to submit the limited to: a copy of 1) 1) I certify that I am the license or GR Certif 2) 2) I have the legal right 3) I have not been able right. 4) I further certify that Witness my hand this Party Re	for each identified properties proof will result in the freturned certified mail. The current owner of the process of Registration. The to request assignment to contact the owner(s) the information provides	erty owner ne return of y ing, copy of oroperty descunder OAR of record for the ded herein is the two contracts.	ot a party our reque a Death (cribed in the about the ab	to the assest. (Proof Certificate this applicate 0280 and we referent orrect to t	signment. ORS 537.220(2) of may include but not be experience, or a court order.) cation, Permit, transfer, 690-320-0060. aced application or water the best of my knowledge.

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 #

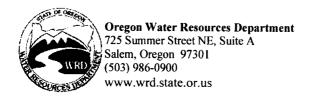
For Director by Jerry Sauter Program Analyst in Water Rights Division

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

RECEIVED BY OWRD

APR **02** 2015

SALEM, OR



Request for Assignment

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(Name of Party Requesting Assignment	nt)		
PO Box 927	Hines	OR	97738
(Mailing Address)	(City)	(State) (Zip)	(Phone #)
hereby request assignment of app	lication/permit/transfe	er/license/GR Certi	ficate of Registration;
Registration; (You must include a application/permit/transfer/licens (ASSIGNED BY TAX LOT ave attached proof of ownership that may a land sales contract, a court order or department cannot accept a copy of a tax s	map showing the por se/GR Certificate of R o い NE RS H い ー y include but not be l cree, documentation o	tion of the legistration to be as SEE ATTACHE imited to: a copy o	ssigned.) MAP * SEE SS f the deed to the land, a cop
olication # G-15205 ; Perm	it # G-15019	; Transfer#	N/A
GR Statement GR Statement CR Statement CR Statement	-OR-	Certificate of Pagi	stration #
at & Jani Remsburg	, OR	Certificate of Regi	stration #
(Name of Holder of Record)			
Box 1427	Hines	OR	07720
(Mailing Address)	(City)	(State) (Zip)	97738 (Phone #)
	()/	(2.17)	(1 none n)
	fied property owner no sult in the return of y ified mailing, copy of er of the property descration. Signment under OAR owner(s) of record for provided herein is to day of	ot a party to the assour request. (Proof a Death Certificate cribed in this applicate 690-310-0280 and or the above referen	signment. ORS 537.220(2) f may include but not be e, or a court order.) ration, Permit, transfer, 690-320-0060. ced application or water
Party Requesting Assig	7	2 Tolky	Man
Tarry Requesting Assig	mient of the contract	7 , " (()	/L +
DO NOT WRITE IN THIS BOX	,	. 100	RECEIVE
his certifies assignment and record change Dregon Water Resources Department effecti :00 a.m. on date of receipt at Salem. Orego fee receipt #	ve form must	eted "Request for A be submitted to the the recording fee of	Department ADD