



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

Request for Assignment

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

I, David Ehlers and Sarah Ehlers, Trustees

(Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate of Registration)

P.O. Box 1468 Philomath OR 97370 541-231-7094
 (Mailing Address) (City) (State) (Zip) (Phone #)

- hereby assign all my interest in and to application/permit/transfer/license/GR Certificate of Registration;
- hereby assign all my interest 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 a portion of my interest in and to the entire application/permit/transfer/license/GR Certificate of Registration:

Application # R-84973 ; Permit # R-13200 ; Transfer # _____
 -OR-
 License # _____ ; GR Statement # _____ ; GR Certificate of Registration # _____

As filed in the office of the Water Resources Director, to:

Sarah L. Ehlers Living Trust 2006
 (Name of New Owner)

P.O. Box 1468 Philomath OR 97370 541-231-7094
 (Mailing Address) (City) (State) (Zip) (Phone #)

Note: If there are other owners of the property described in the Application, Permit, Transfer, License, or GR Certificate of 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 notified all other owners of the property described in this Application, Permit, Transfer, License, or GR Certificate of Registration of this Request for Assignment

Witness my hand this 24th day of July, 2015.

Applicant/Permit Holder David Ehlers Trustee

Applicant/Permit Holder Sarah Ehlers (TR)

ASS 16N 8/25/2015 JS

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

Last updated: July 19, 2013

Request for Assignment

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AUG 24 2015

SALEM, OR



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301
 (503) 986-0900
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Request for Assignment

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I, Oregon Dept. of Fish and Wildlife

(Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate of Registration)

7118 NE Vandenberg Ave Corvallis OR 97330 541 757 4186
 (Mailing Address) (City) (State) (Zip) (Phone #)

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Witness my hand this 10th day of August, 2015.

Applicant/Permit Holder David Stoppel

Applicant/Permit Holder _____

122/2/8 2015
 122/2/8 2015

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SALEM, OR