

## Request for **Assignment**

NOV 02 2015

SALEM, OR

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.

1010E MI  IIV-			ammerich			
18425 W. Langell Valley Rd.			Bonanza		97623	· ,
(Mailing Address)			(City)	(State)	(Zip)	(Phone #)
hereby reques	t assignme	ent of applicati	on/permit/transfe	er/license	e/GR Certi	ficate of Registration;
Registration;	(You must	t include a map	n of application/p showing the poor R Certificate of R	tion of t	he	nse/GR Certificate of ssigned.)
	, a court o	order or decree,	documentation of			f the deed to the land, a copport or operty held jointly. The
Application # G-130	oli	; Permit # C	G-12459	:	Transfer#	
			-OR-			istration #
License #	_ GR Sta	tement #	; GR	Certific	ate of Reg	istration #
W.E. Hammerich						
(Name of Holder	of Record,	)				
18419 West Langell	Valley R	d.	Bonanza	OR	97623	
(Mailing Address)			(City)	(State)	(Zip)	(Phone #)
given or attem Failure to sub limited to: a c  1) I certify that I license or GR 2) I have the legs 3) I have not bee right. 4) I further certif	apted for e mit this propy of return am the cure Certificate al right to nable to contact the cure of	rach identified proof will result urned certified urrent owner of e of Registration request assignmentact the own information pr	property owner in the return of y mailing, copy of the property deson. The nent under OAR ner(s) of record for ovided herein is	ot a part vour request of a Death cribed in 690-310 or the ab	y to the assuest. (Proof Certificated this applied this applied over reference to	nced application or water the best of my knowledge.
given or attem Failure to sub limited to: a c  1) I certify that I license or GR 2) I have the lega 3) I have not bee right.	apted for e mit this propy of return am the cure Certificate al right to nable to contact the cure of	rach identified proof will result urned certified urrent owner of e of Registration request assignmentact the own information pr	property owner in the return of y mailing, copy of the property deson. The nent under OAR ner(s) of record for ovided herein is	ot a part vour request of a Death cribed in 690-310 or the ab	y to the assuest. (Proof Certificated this applied this applied over reference to	signment. ORS 537.220(2) f may include but not be e, or a court order.) cation, Permit, transfer, 690-320-0060. need application or water the best of my knowledge.

## DO NOT WRITE IN THIS BOX

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



## **Request for** Assignment

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

I, Wilmer E. Hammerich and Kimberly	D. Hammerich,	
(Name of Applicant / Permit / Tran	asfer Holder / License Holder / GR Certifi	cate of Registration)
18425 W Langell Valley Rd	Bonanza, OR 97623	(541) 545-6587
(Mailing Address)	(City) (State) (Zip)	(Phone #)
hereby assign all my interest in Registration;	n and to application/permit/transfer/license	e/GR Certificate of
Certificate Registration; (You	n and to a portion of application/permit/tra must include a map showing the portion o ense/GR Certificate of Registration to be	f the
hereby assign <u>a portion of my</u> Certificate of Registration:	interest in and to the entire application/pe	ermit/transfer/license/GR
Application # G1-130()	; Permit # <u>G-1245</u>	9 ; Transfer #
License #; G	R Statement # ; GR Cer	tificate of Registration #
As filed in the office of the Water Resonant Northwest Farm Credit Services, FLCA (Name of New Owner)  Wilmer E. Hammerich and Kimberly D	300 Klamath Avenue, Suite 200 Kla (Mailing Address) (City)	math Falls, OR 97601-6308 (State) (Zip)
(Name of New Owner)	. Hammeren	
18425 W Langell Valley Rd	Bonanza, OR 97623	
(Mailing Address)	(City) (State) (Zip)	(Phone #)
Note: If there are other owners of the p Registration, you must provide a	property described in this Application, Penlist of all other owners' names and mailin	mit, Transfer, License, or GR Certificate of addresses and attach it to this form.
I hereby certify that I have notified a Certificate of Registration of this Rec	l other owners of the property described in uest for Assignment	n this Application, Permit, Transfer, License, or GR
Witness my hand this 28	1/1	ber ,2015.
Applicant/Permit Hol	der x Wilm &	2
Applicant/Permit Hol	derx	
DO NOT WRITE IN THIS BOX		
This certifies assignment and record chan	The completed "Request for A	
ting certifies assignment and record chan	form must be submitted to th	Donostmont (ILOLIATO DI O

form must be submitted to the Department

along with the recording fee of \$85.

Last updated: July 19, 2013

Oregon Water Resources Department Rective

8:00 a.m. on date of receipt at Salem Oregon.
Fee receipt # 11 + 98 5
For Director by Jerry Saute Mogram And St
Water Rights Division

Request for Assignment

WR

NOV 02 2015

SALEM, OR