

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

NOV 2 3 2015

Request for **Assignment**

SALEM, OR

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

Trust Agreement dated July 6, 2012 (Gerald		olyn M. Roth Family Trust, a Trust under
	E. Roth, Trustee for both trusts) Holder / License Holder / GR Certificate of	Registration)
9924 SAHALE CT SALEW	, 012 97306	and the same of th
-4819 San Francisco Drive NE (Mailing Address)	Salem, OR 97305 (City) (State) (Zip)	(Phone #)
(Mailing Address)	(City) (State) (Zip)	(I none #)
hereby assign <u>all my interest</u> in and Registration;	d to application/permit/transfer/license/GR C	Certificate of
Certificate Registration; (You must	d to a portion of application/permit/transfer/l t include a map showing the portion of the t/GR Certificate of Registration to be assigne	
hereby assign <u>a portion of my inter</u> Certificate of Registration:	rest in and to the entire application/permit/tra	ansfer/license/GR
Application #(a 1/307	; Permit # <u>G-12839</u>	; Transfer #
License #; GR Sta	atement #; GR Certificate	of Registration #
As filed in the office of the Water Resource	s Director, to:	
Northwest Farm Credit Services, FLCA	650 Hawthorne Ave SE, Suite 210, Salem,	OR 97301-5895
(Name of New Owner)	(Mailing Address) (City) (State)	(Zip)
The Gerald E. Roth Trust, a Trust under Tru	ust Agreement dated July 6, 2012, The Carol	yn M. Roth Family Trust, a Trust under Trust
Agreement dated July 6 2012 (Vance of Van	Orman)	
924 SAHALEE G &E, SALEM 4819 San Francisco Drive NE	-, OR 97306	
(Mailing Address)	(City) (State) (Zip)	(Phone #)
Note: If there are other owners of the prope	erty described in this Application, Permit, Tr	ansfer, License, or GR Certificate of
	of all other owners' names and mailing addr	varian and attack it to this forms
		į.
I handle could that I have notified all at	have assumed af the monages described in this	Amplication Domnit Transfer License on CD
I hereby certify that I have notified all oth Certificate of Registration of this Request		Application, Permit, Transfer, License, or GR
Certificate of Registration of this Request	t for Assignment	Application, Permit, Transfer, License, or GR
Witness my hand this	t for Assignment day of NOU. X Final E. Gott	, 20 <u>15</u> Gerald E. Roth Trust
Witness my hand this	day of NOU. Aday of NOU. Gerald Roth, Trustee	b '
Certificate of Registration of this Request Witness my hand this	day of NOU. Aday of NOU. Gerald Proth, Trustee	Gerald E. Roth Trust
Certificate of Registration of this Request Witness my hand this	day of VOU Aday of VOU Gerald E Roth, Trustee X Gerald E. Roth, Trustee The completed "Request for Assign	Gerald E. Roth Trust Carolyn M. Roth Family Trust
Certificate of Registration of this Request Witness my hand this	day of UOU Gerald DRoth, Trustee X Gerald E. Roth, Trustee The completed "Request for Assign form must be submitted to the Department of the Complete of t	Gerald E. Roth Trust Carolyn M. Roth Family Trust ment" artment
Certificate of Registration of this Request Witness my hand this	day of VOU Aday of VOU Gerald E Roth, Trustee The completed "Request for Assign form must be submitted to the Department of the Departm	Gerald E. Roth Trust Carolyn M. Roth Family Trust ment" artment

Last updated: July 19, 2013

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