

Request for **Assignment**

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MAY 2 4 2017

If for multiple rights, a separate form and fe	ee for each right will	be required.				
I, John R Rinaldi Jr., trustee and Bonni	e J Rinaldi, trustee	of The Italia	an Trust		SALEM,	OR
(Name of Applicant / Permit / Transfer				Registration)		
692 B Street	Ashland	Oregon, 9	97520	541-324-422	3	
(Mailing Address)	(City)	(State) (Z	(ip)	(Phone #)		
hereby assign all my interest in an Registration;	d to application/peri	mit/transfer/li	cense/GR	Certificate of		
hereby assign <u>all my interest</u> in an of Registration; (You must include application/permit/transfer/license	a map showing the	portion of the	2		rtificate	
hereby assign a portion of my inter- Certificate of Registration:	rest in and to the ent	ire applicatio	n/permit/tr	ansfer/license/	GR	
Application # S-87958 ; Permi	t # S-54864	; Tran	sfer#			
Application # S-87958 ; Permit License # ; GR Statement # _	-OR-	D Certificate	of Pagistr	ation #		
		ik Confindate	or Kegisu	ation #		
As filed in the office of the Water Resource	s Director, to:					
Robert J. Sibbitt						
(Name of New Owner)						
375 Hamilton Road		le Oregon, 9		415-518-8804	4	
(Mailing Address)	(City)	(State) (Zi	ip)	(Phone #)		
Note: If there are other owners of the prop GR Certificate of Registration, you addresses and attach it to this form I hereby certify that I have notified all o	must provide a list o	of all other ov	vners' nam	es and mailing		tion juds
Permit, Transfer, License, or GR Certifi						, h
	lay of	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	20 <u>17</u>			25
Applicant/Permit Holde	the state of	J. J. Mrs	(ee)		-	ž Ž
Applicant/Permit Holder	r				_	•
This certifies assignment and record change a Oregon Water Resources Department effectiv 8:00 a.m. on date of receipt at Salam, Oregon Fee receipt # 12350	form must	leted "Reques be submitted the recording	to the Der	artment	H	
For Director by Jerry Saute Trogram Analys Water Rights Division	tin					

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