

Request for **Assignment**

| If for multiple rights, a separate form and fee for each right will be required. Northwest Farm Credit Services, FLCA | | |
|--|---|---------------------------------------|
| I, Fleming Living Trust, under Trust Agreement dated June 7, 1994 (Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate of Registration) | | |
| 300 Klamath Ave, Ste 200 4500 O'Connor Rd | Klamath Falls, OR 97601 Klamath Falls, OR 97603 | 541-850-7500 541-591-0839 |
| (Mailing Address) | (City) (State) (Zip) | (Phone #) |
| hereby assign <u>all my interest</u> in and to application/permit/transfer/license/GR Certificate of Registration; | | |
| hereby assign <u>all my interest</u> 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 <u>a portion of my interest</u> in and to the <u>entire</u> application/permit/transfer/license/GR Certificate of Registration: | | |
| Application # G 15502 ; Permit # G | 15028 ; Transfe | · # |
| License #; GR Statement # | ·OR- : GR Certificate of | Registration # |
| As filed in the office of the Water Resources Dire Northwest Farm Credit Services, FLCA Northwest Farm Credit Services, PCA FLEMING Living® TRUST, under Trust Agreement date (Name of New Owner) | ctor, to: | |
| 300 Klamath Åve, Ste 200 300 Klamath Ave, Ste 200 | Klamath Falls, OR 97601 Klamath Falls, OR 97601 | 541-850-7500 541-850-7500 |
| 4500 O'Connor Rd (Mailing Address) | Klamath Falls, OR 97603 (City) (State) (Zip) | |
| Note: If there are other owners of the property of GR Certificate of Registration, you must addresses and attach it to this form. I hereby certify that I have notified all other of Permit, Transfer, License, or GR Certificate of Witness my hand this | provide a list of all other owners of the property describe of Registration of this Request | d in this Application, for Assignment |
| Applicant/Permit Holder | | 0 |
| DO NOT WRITE IN THIS BOX | | For Assignment, PECEVE |
| This certifies assignment and record change at Oregon Water Resources Department effective | The completed "Request to form <i>must</i> be submitted to along with the recording to | the Department |
| 8:00 a.m. on date of receipt at fallem Oregon. Fee receipt # 12265 12 20/1/1 | aiong with the recording i | JUN 2 6 2017 |
| For Director by Jerry Sautor Program Analyst in Water Rights Division | | OWRD |