

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

Request for Assignment

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

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

| , | ichard and Janice Funke | | | | | | |
|---|--|-------------------------------|-------------------|-----------------------|--------------------------------|------------------|----------------------|
| - | of Current Holder of Record) | | | | | | |
| 140: | 2 SE Kiger Island Drive | Convalle | | | | 541-579 | -3793 |
| (Mailing Address) | | (City) | (State) | (Zip) | (Phone #) | | _ |
| X | hereby assign all my interest in and to the entire app (example, sold all the land authorized under | lication/perm r the right) | uit/transfe | er/limited | license/ground | water statement; | |
| <u>.</u> | hereby assign all my interest in and to a portion of a statement; (You must include a map showing the por license/groundwater statement to be assigned. Example 1. | rtion of the a | pplicatio | n/permit/ | transfer order/l | imited | |
| | hereby assign a portion of my interest in and to the estatement; (example, adding an additional person) | ntire applica | tion/pern | nit/transf | er/limited licens | e/groundwater | |
| | Application # S-81915; Permit # | S-53329 | ; Т | ransfer # | | نـــن | |
| | Limited License #; | Groundwater | Stateme | nt # | ;` | | |
| | l in the office of the Water Resources Director, to: | | | | | | |
| | of New Owner) 2 SE Kiger Island Dr. | Corvallis | OR | 97333 | 708-200-3 | 456 | |
| (Mailir | ng Address) | (City) | (State) | (Zip) | (Phone #) | | |
| Note | e: If there are other owners of the property described i groundwater statement, you must provide a list of a this form. Write the initials (first letters) of your first | li other owne | rs name | s and mai | ling addresses a | nd attach it to | ھ |
| orde | I hereby certify that I have notified all other owner, limited license, or groundwater statement of this Re | s of the prop | ertv desc | ribed in t | - | | 1/4 |
| Witt | | June Month) | , 20_ _⁄ | <u>18</u> . (Year) | | | 455164 H 9(4/1019 |
| Sign | nature of Current Holder of Record | 11 | , | | | | |
| + | Failure to provide any of the required inform | nation will r | クロス esult in (| the retur | ا کریمہ دیا n of your appli | Funke De | censed |
| | DO NOT WRITE IN THIS ROX | | | · | | | |
| 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 #127327 For Director by Jerry Saute Frogram analyst in | | | | | | | |
| | Vater Rights Division / Joseph Request for A | Assignment | | RE | CEIVED | WR | |
| • | | | | AU(| 6 0 6 2018 | | |

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| | orthwest Farm Credit Services, FLC | | | | |
|-------------------|---|----------------------------|---------------|---------------------|--|
| Name | of Current Holder of Record) | | | | |
| Mailing Address) | | (City) | (State) (Zip) | | (Phone #) |
| X | hereby assign <u>all my interest</u> in and to (example, sold all the land au | | mit/transf | er/limited | license/groundwater statement |
|] | hereby assign all my interest in and to statement; (You must include a map sh license/groundwater statement to be as | owing the portion of the | applicatio | n/permit/t | ransfer order/limited |
|] . | hereby assign a portion of my interest statement; (example, adding an addition | | ation/peri | nit/transfe | r/limited license/groundwater |
| | Application # S-81915 | ; Permit # | ; 7 | Transfer# | ; |
| | Limited License # | ; Groundwate | er Stateme | ent # | ; |
| Fun | in the office of the Water Resources D ke Essential Oils, Inc. | irector, to: | | | |
| | of New Owner) 2 SE Kiger Island Dr. | Corvalli | s OR | 97333 | 708-200-3456 |
| | e: If there are other owners of the proper | (City) | (State) | rmit, transi | (Phone #) |
| | groundwater statement, you must pro- this form. Write the initials (first lette | | | | |
| orde | _ I hereby certify that I have notified a r, limited license, or groundwater stater | ll other owners of the pro | perty desc | cribed in th | |
| Wit | ness my hand this 24 day (Day) | of July (Month) | , 20 | 18 (Year) | |
| Sign | rature of Current Holder of Record Failure to provide any of the re | (-) Autho | n 2 of ? | AyenT the return | of your application. |
| | DO NOT WRITE IN THIS BOX | | | - | A STATE OF THE BOOK OF THE STATE OF THE STAT |
| Ore 8:0 Fee | is certifies assignment and record change a egon Water Resources Department effections of a.m. on date of receipt at 30 cm Orbestic ereceipt # 12707 | form must | be subm | | Assignment" Department f \$100. |
| Wa | r Director by Jerry Sauter, Hogelan Maily ater Rights Division | -nequest for Assignment | | RE | CEIVED , WR |
| | | | | ΔΠ | G 0 6 2018 |

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