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

Request for Assignment

RECEIVED

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.

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If for multiple rights, a separate form and	fee for each right will be re-	quired.	FF	
I, <u>Nelson H. Kuenzi</u> (Name of Current Holder of Record)	1			OWRD
10155 Sunnyview Rd, NE	Salem, OR		(503) 932-3486	
(Mailing Address)	(City) (Sta	te) (Zip)	(Phone #)	
hereby assign <u>all my interest</u> in an (example, sold all the land a		ermit/transfer/lim	ited license/groundwater state	ment;
hereby assign all my interest in and to a portion of application/permit/transfer/limited license/groundwater statement; (You must include a map showing the portion of the application/permit/transfer/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)				
hereby assign a portion of my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, adding an additional person) G-17503 Application # G-17993; Permit # G-17993; Transfer #;				
			ndwater Statement #	
as filed in the office of the Water Resources 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) Nelson H. Kuenzi (Name of New Owner)				
10155 Sunnyview Rd. NE	Salem, OR		(503) 932-3486	
(Mailing Address)	(City) (Sta	te) (Zip)	(Phone #)	
Note: If there are other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below				
Witness my hand this	day of	June	(Month)	20 ZO (Year)
Signature of Current Holder of Record (Day) (Month) (Year)				
Failure to provide any of the required information will result in the return of your application.				
This certifies assignment and record Oregon Water Resources Department 8:00 a.m. on date of receipt at Salem Fee receipt #	nt effective The complete, Oregon. The complete form must along with the c	ted "Request for be submitted to the the recording fee	ne Department	4

Last updated: September 18, 2017

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