

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

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.

| 1. Clinton J. Finlow Kinberly M. Finle | u |
|--|---|
| (Name of Current Holder of Redurd) 38579 West Sutton Creek Binter (ity) (Mailling Address) POBOX 117 Trontdale, DR 97060 | (State) (Zip) (Phone 4) 541-403-4757 |
| hereby assign all my interest in and to the entire application/permit (example, sold all the land authorized under the right) | |
| hereby assign all my interest in and to a portion of application/per statement, (You must include a map showing the portion of the applicense groundwater statement to be assigned. Example, sold a port | plication permit/transfer order limited rtion of the land authorized under the right) |
| hereby assign a portion of my interest in and to the entire application statement, (example, adding an additional person) | |
| Application # <u>G-16965</u> ; Permit # <u>G-163</u> | 36; Transfer #APR 2 4 2020 |
| as filed in the office of the Water Resources Director, to Bert Terry Siddoway | Statement #' OWRD |
| (Name of New Owner) PO BOX 115 Durkee | OR 97095 541-403-0490 |
| | (State) (Zip) (Phone #) |
| Note: If there are other owners of the property described in the applicat groundwater statement, you must provide a list of all other owner this form. Write the initials (first letters) of your first and last name I hereby certify that I have notified all other owners of the proper order, limited license, or groundwater statement of this Request of Assign Witness my hand this day of | s' names and mailing addresses and attach it to mes at the spot indicated below the erty described in this application, permit, transfer gnment. , 20 |
| Fee receipt # 132,372 form must b | the submitted to the Department the recording free of \$100, ED |
| Last updated: September 18, 2017 Request for Assignment | AUG 1 1 2020 |



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| 2 | Unter J. Finley | | | | | | |
|-------------|--|--|--|---------------------------------------|--|-------------------------------|---------------------------------------|
| 38 | of Current Holder of Red 579 West Suttu | rd) Creek | Prinker City | ORC | 97814 | 541-57 | 1-3120 |
| (Mailii | ng Address) | | (City) | (State) | (Zip) | (Phone #) | |
| \varkappa | hereby assign <u>all my inter</u> (example, sold a | est in and to the entire and authorized | | iit/transfe | r/limited lice | ense/groundwa | ter statement; |
| | hereby assign <u>all my inte</u> statement; (<u>You must incl</u> license/groundwater state | ude a map showing i ment to be assigned | the portion of the ap Example, sold a p | <i>pplication</i> ortion of | the land auth | sfer order/limi | ted he right) |
| | hereby assign <u>a portion of</u> statement; (example, add | ing an additional per | sonj | | | | |
| | | G-16965; Per | | | | | APR 2 4 2020 |
| | | ense # | | r Stateme | nt # | | OWRD |
| | d in the office of the Water Bert D Terry of New Owner) | | | | | | · · · · · · · · · · · · · · · · · · · |
| (Name | of New Owner) <u>PO</u> BOX [] ng Address) | 5 | Durkee | OR | 97095 | 541- | 403-0490 |
| (Mailii | ng Address) | | (City) | (State) | (Zip) | (Phone #) | |
| 0 | e: If there are other owners groundwater statement, this form. Write the initian I hereby certify that I h er, limited license, or groun | you must provide a l als (first letters) of y ave notified all other | ist of all other own our first and last n owners of the proj | ers' name ames at th perty dese | s and mailing he spot indic cribed in this | g addresses and ated below | attach it to |
| Wit | ness my hand this(Da | y) day of | (Month) | , 20 | (Year) | 11 | |
| Sign | nature of Current Holder of | Record | XUX | | | 4 | |
| | Failure to provide | any of the required | information will | result in | the return o | of your applica | ation. |
| | DO NOT WRITE IN | THIS BOX | | | | 4 | |
| | | | | | equest for As itted to the D | | |
| | | | | | ding fee of \$ | | |

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