

## **Request for Assignment**

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(Name	of Applica	nt / Permit /	Transfer H	(older),	22	883	Rawles	de C	+	• •	. ,
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(Mailing ad	idress)		(City)	(State)	(Zip)		(Ph	one #)	5	03 69	7-316
hereby											
•		n <u>y interest</u> ir e a map show				-		-	ed.)		
hereby	•						-				
Application #	GR-	195	Permit #		;	Transfe	r#				
Application # GR Statement	t #	<u> </u>	GR Certific	-OR- cate of Re	gistration	#_ <i>G</i>	R-1	80	_		
as filed in the				-	<b>*</b> -	<i>(</i>					
Ď	AULD	660	O(1)	5	MIĤ	1			•		
(Name of No	w Owner)				•	4					
2883	Rawh	ide CH	West 2	INN OF	R OFE	507	97068	9 0	503	-697	-316
(Mailing add	ress)		(City)	(5	State) (.	Zip)	(Pho	ne #)			
NOTE:	Certificate	e other owne e of Ground d mailing ad	Water Reg	istration,	you must p	provide					ACS 16 M.
I hereby certifor Certificate						describe	ed in this	Applic	ation,	Permit	STA :
Witness my h		•				<u> 26</u> .		_		>	ON
	A	pplicant/Per	mit holder	Sa	m J.C.	my					
	A	pplicant/Per	mit holder	Steel	UX.	Je	A				

## DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem

Fee receipt #88222 For Director by Jerry Saute Water Rights Division

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OVER THE COUNTER

The completed "Request for Assignment" form *must* be submitted to the Department along with the appropriate recording fees:

- \$25 for the first page, and
- \$5 for each additional page. [as required by ORS 536.050(1)(d)]

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Last updated: Oct 3, 2006

Request for Assignment/1

JUN 2 0 2007

WATER RESOURCES DEPT SALEM, OREGON

WR



## Request for **Assignment**

If for multiple rights, a separate form and fee for each right will be required.	<b>.</b>
I, Pett Jo SMITH DAVID LLOYD S  (Name of Applicant / Permit / Transfer Holder) 2883 Rawlude Ct  12360 SW HOVI ZON BIVE OR WEST LINN OVERON  (Mailing address) (City) (State) (Zip) (Phone #) 503	myly.
(Name of Applicant / Permit / Transfer Holder) 2883 Rawlude Ct 12360 SW HOVI ZON BIVE OR WEST LINN OVERON	
Ant 201, Beauton or 92007 POR WEST LINN OVERON	<u>970</u> 68
(Mailing address) (City) (State) (Zip) (Phone #) 503	697-3161
hereby assign <u>all my interest</u> in and to application/permit/transfer;	
hereby assign <u>all my interest</u> in and to a <u>portion</u> of application/permit/transfer; (You must include a map showing the portion of the application/permit to be assigned.)	
hereby assign <u>a portion of my interest</u> in and to the <u>entire</u> application/permit/transfer;	
Application # <u>GR-195</u> , Permit #; Transfer #	
Application #	
as filed in the office of the Water Resources Director, to:	
DAVID CLOYD SMITH	
(Name of New Owner)	
2883 Rawhide C+ West LINN OR OPEROUS 97068 503-6	97-3161
(City) (State) (Zip) (Phone #)	
State of OREGON	1
County of CLACKAMA	29/0
country of	25
This instrument was acknowledged before me on CETOBER 17 <sup>TH</sup> , 2004 by DAVID LLOYD SMITH ONLY	
OFFICIAL SEAL KELLY LOPER NOTARY PUBLIC-OREGON COMMISSION NO. 388034 MY COMMISSION EXPIRES MARCH 8, 2009	

For Director by Jerry Sauter Program Andrew in Water Rights Division

[as required by Oko 200.020(1)(4)]

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Request for Assignment/1

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JUN 2 0 2007