## **REQUEST FOR ASSIGNMENT OF CARRYOVER RIGHT IN LIEU OF PAYMENT OF REPLACEMENT WATER ASSESSMENTS**

## WATER YEAR ENDING SEPTEMBER 30, 20\_\_\_\_\_.

A TRUE COPY HEREOF MUST BE FILED WITH WATERMASTER NOT LAT SCHEDULED WATERMASTER MEETI (To be accompanied by completed Exhibit "F" if Transferee For a valuable consideration, in the amount of \$	<pre>ING IN MAY. is not a party to the Judgment)  per acre-foot receipt of which is</pre>
hereby acknowledged,assign and transfer to	("Transferor") does hereby ("Transferee") Carryover ea. e shall apply said Carryover Right to the
assign and transfer to	("Transferee") Carryover ea. e shall apply said Carryover Right to the
-	e shall apply said Carryover Right to the
Right of acre-feet in Subare	e shall apply said Carryover Right to the
Said assignment is made upon condition that Transfered	
Transferee's Replacement Water Obligation due July 1, 20	, and shown on Appendix B of the Annual
Watermaster Report filed with the Riverside Superior Court.	
DATED:	
TRANSFEREE	TRANSFEROR
(Signature) (Signat	ure)
Name of Designee of Transferee to receive Name of	of Designee of Transferor to receive
service of Processes & Notices: service	of Processes & Notices:
Address Address	 S
Telephone No. of Designee: Telepho	one No. of Designee:

# **CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT**

State of California

County of \_\_\_\_\_

On\_\_\_\_\_\_ before me, \_\_\_\_\_\_ (Here insert name and title of the officer)

personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Notary Seal)

**ADDITIONAL OPTIONAL INFORMATION** 

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- □ Individual(s)
- Corporate Officer
- □ Partner(s)
- □ Attorney-in-Fact
- $\Box$  Trustee(s)
- Other

#### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the dame date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this \* acknowledgment is not misused or attached to a different document.
  - ٠ Indicate title or type of attached document, number of pages and date.
  - ٠ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document