DOGAMI – MINERAL LAND RECLAMATION & REGULATION
229 BROADALBIN STREET SW
ALBANY, OR 97321-2246
(541) 967-2039

ASSIGNMENT OF DEPOSIT

INSTRUCTIONS & REQUIREMENTS

1. The financial institution must be located in Oregon.
2. The Assignor/Permittee must be the same name as the Permittee.
3. This form must be used in its entirety. Do not make any changes to the form.
4. Original signatures are required (not a copy).

If you have questions, please contact us at (541) 967-2039 or mlrr.info@dogami.oregon.gov.

ASSIGNMENT OF DEPOSIT

To STATE OF OREGON, DEPARTMENT OF GEOLOGY AND MINERAL INDUSTRIES
For Security Deposit Required by ORS 517.810

This Assignment by _____ (Assignor/Permittee) of _____Dollars ($_____) ***(MAXIMUM AMOUNT $50,000)*** represented by Deposit (or renewal) No. _____ (Evidence of Deposit) with _____ (Financial Institution) is presented to the Oregon Department of Geology and Mineral Industries (Department) in fulfillment of requirements of ORS 517.810 applicable to Exploration Permit No. ____-_____ covering mineral exploration operations in Section _____, Township _____, Range _____WM, _____ County, Oregon.

The undersigned Assignor does hereby assign, transfer, and set over unto the Department, all right, title, and interest in and to the Deposit Amount with the Financial Institution in the name of the Assignor, with full power and authority on the part of the Department to demand, collect, and receive said Deposit Amount for the uses and purposes prescribed by ORS 517.702 through 517.989, and to give receipt and acquittance therefore.

It is understood and agreed that the Financial Institution will hold the Deposit Amount until the assignment is released by the Department, or the Deposit Amount is paid to the Department upon its written demand. It is agreed that the Financial Institution will hold the Evidence of Deposit in trust for the uses and purposes stated herein. Interest on the Deposit Amount shall be payable to the Assignor.

The undersigned Financial Institution accepts the assignment of the Deposit Amount and any document(s) pertaining to the Evidence of Deposit, and agrees that any such document(s) will be held for the uses and purposes stated above until this assignment is released by the Department or the Deposit Amount is paid to the Department upon its written demand.

_____
(Name of Assignor - *print or type*)

_____
(Signature of Assignor & Date)

OFFICE USE ONLY:

Acres _____ Use _____

Accepted by Financial Institution:

_____
(Name of Financial Institution)

_____
(Name & Title - *print or type*)

_____
(Signature & Date)

_____
(Mailing Address)

_____
(City/State/Zip)

_____
(Phone)

Send completed form with ORIGINAL signatures to Dept. of Geology
229 Broadalbin Street SW, Albany OR 97321-2246