



Idaho Department of Lands

## Assignment Application Submerged Land Lease

For Area Office Use Only

Area Manager Signature & Date

### Instructions

This form is used by persons seeking to assign a submerged land lease pursuant to IDAPA 20.03.17.055. Please complete this form and submit it, along with the non-refundable filing fee and required attachments, to your local Idaho Department of Lands Supervisory Area Office.

*This form is two (2) pages, please read and complete all sections.*

### Section 1: Assignor (Current lessee) Information

Submerged land lease number to be assigned: \_\_\_\_\_

Sale price paid for the instrument: \_\_\_\_\_

Full legal name of assignor: \_\_\_\_\_

For and in consideration of the sale price identified above, I/We hereby sell, assign and transfer, all of my/our rights, title and interest in the instrument identified above unto the assignee identified below.

\_\_\_\_\_  
Assignor Signature

\_\_\_\_\_  
Assignor Name and Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_.

State of \_\_\_\_\_)

Seal

) ss. Notary Public: \_\_\_\_\_

County of \_\_\_\_\_) My Commission Expires: \_\_\_\_\_

### Section 2: Assignee (Future lessee) Information

Full legal name of assignee: \_\_\_\_\_

Legal status:

☐ Individual

☐ Trust or non-profit (attach Affidavit of Existence)

☐ State government

☐ Business (attach Secretary of State Certificate of Existence)

☐ City, County, or Federal government

☐ Other: \_\_\_\_\_

Name of primary contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ ☐ Work ☐ Home ☐ Cell

Email address: \_\_\_\_\_

The undersigned, as Assignee(s) above-named, hereby swear and affirm that the consideration stated herein is true. I/we assume and accept the obligations and conditions of the above-described State of Idaho Instrument and separately covenant with the State of Idaho that I/we will abide thereby during the term of said Instrument.

State of \_\_\_\_\_ )  
 ) ss. Notary Public: \_\_\_\_\_  
County of \_\_\_\_\_ ) My Commission Expires: \_\_\_\_\_

*Seal*

**Section 3: Attachments from Assignor**

- ☐ Original lease or Affidavit of loss
- ☐ \$200 lease assignment application fee
- ☐ Release of mortgage/deed of trust recorded with IDL (if applicable)

**Section 4: Attachments from Assignee**

- ☐ Encroachment or Stream Channel Alteration Permit
- ☐ Secretary of State Certificate of Existence (Businesses only)
- ☐ Affidavit of Existence (Trusts or non-profits only)