## REQUEST FOR ASSIGNMENT

I, (permit holder, applicant) David F. Setniker and Joan C. Setniker, husband and wife				
PO Box 338		Independence, OR 97351	503-838-4302	
(mailing address) (City		(City, State, Zip)	(Phone)	
CHECK ONE [X] hereby assign all my interest in and to application/permit;				
[]	hereby assign all my interest in and to a portion of application/permit (include a map showing portion of application assigned);			
[]	hereby assign a portion of my interest in and to the entire application/permit;			
Applica	ation #	, Permit # <u>G-12474</u>		;
OR GR Statement #, GR Certificate of Registration # as filed in the office of the Water Resources Director. TO:				
Northw	est Farm Credit Services, FLCA		503-373-3000	
(name o	of new owner)		(phone #)	
PO Box 13309 Salem, OR 97309-9831				
(address) (city, state, zip)				
	F. Steniker and Joan C. Setniker, hus	band and wife	503-838-4302	
(name o	of new owner)		(phone #)	
PO Box	x 338	Independence, OR 97351		
(addres	s)	(city, state, zip)		
(Note: If there are other owners of the property described in this Application, Permit or Certificate of Groundwater Registration you must attach a list of their names and addresses to this form.)				
Registration you must attach a list of their names and addresses to this form.)  I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment.  Witness my hand this				
		David F. Setniker  Joan C. Setniker	Haky Chily	

## PLEASE 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, Oregon.
Fee receipt # 12670
For Director by Jerry Sauter Program malyst
Water Rights Division

The completed assignment must be submitted to the Water Resources Department together with a recording fee of \$25. Additional pages will cost \$5 per page.

WATER RESOURCES DEPARTMENT 725 SUMMER STREET NE, SUITE A SALEM, OREGON 97301-2430

RECEIVED

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