

Requester: State of Oregon, Department of Human Services

Recipient: Donna M. LaBorde

After recording, return to: Estate Administration Unit

Attn: M. J. Moore, Est.Ad. 1-800-826-5675

Oregon Department of Human Services

P.O. Box 14021

Salem, OR 97309-5024

Vol M05 Page 54765

State of Oregon, County of Klamath

Recorded 07/18/05 8:38a m

Vol M05 Pg 54765

Linda Smith, County Clerk

Fee \$ 21⁰⁰ # of Pgs 1

05 JUL 18 AM 0:30

REQUEST FOR NOTICE OF TRANSFER OR ENCUMBRANCE

1. This Request for Notice pertains to the following recipient of public assistance, as defined in ORS 411.010:

Recipient's Name: Donna M. LaBorde

Recipient's DHS Identifier: EW200A8U

2. This Request for Notice pertains to transfer or encumbrance of the following described real property:

✓ Lot 43, except the Westerly 80.0 feet, first addition to Summers Lane Homes. Prop. ID#R550273

Address: 4837 Onyx Dr, Klamath Falls, OR 97603 Map Tax Lot # R-3909-011BA-03900-000

3. Pursuant to Oregon Revised Statutes 93.268, 205.246 and 411.692, the Oregon Department of Human Services requests that notice of transfer or encumbrance of the above described real property, using DHS Model Form Notice of Transfer or Encumbrance or a substantially similar form, be mailed to the following address:

Estate Administration Unit

Attn: M.J. Moore, Est. Admin. 1-800-826-5675

Oregon Dept. of Human Services

P.O. Box 14021

Salem, OR 97309-5024

Executed this 13th Day of July, 20 05

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: mg moore

Name: M.J. Moore

Title: Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 13th day of July, 20 05

by [name:] M.J. Moore as [title] Estate Administrator of the Estate

Administration Unit of the Oregon Department of Human Services on its behalf.

[Signature]
Notary Public for Oregon

My commission expires: _____

