Requester: Recipient:		State of Oregon, Department of Human Services  Donna M. LaBorde				State Of Oregon, County Of Klamath M05-62617		
	Attn: M.J. Moore, Est.Ad 1-800-826-5675			# Of Pag	es 1	Fee: \$21.00		
Oregon Depart			Oregon Departn	ment of Human Services				
P.O. Box 14021								
Salem, OR 973			9-5024					
		TERMINA	TION OF REQU	EST FOR NOTI	CE OF TRANSFER	OR ENCUMBE	ANCE	
1.	This termination pertains to the following described Request for Notice of Transfer or Oregon Revised Statutes 93.268, 205.246 and 411.692:					r or Encumbrance	, recorded	pursuant to
		Recipient's Name:		Donna M. LaBorde				
		Recipient's DHS Identifier: Request Recording Date:		EW200A8U 07-18-2005				
		-	ding Reference:	Vol M05 Page 5	4765			
		County of Reco	ording:	Klamath	_			
	Execute OREGO By: Name: Title:	d this 19 <sup>th</sup> ON DEPT. OF H M.J. Moore Estate Admini	Day of Au  UMAN SERVICE  Strator	gust , 2 <sup>1</sup> ES (ESTATE AD)				
	STATE	OF OREGON,		arion	10. 1 6 4	_ : :	05	
			was acknowledge		19t day of Aug		of the E	ctate
	by [nan	ne:] M.J. Moo		as [title]	Estate Administrat	or	_ or the E	State
,	<u> M</u>	heratslei	and the second s	tment of Human S	ervices on its behalf.			
	•	Public for Orego						
	My cor	nmission expires	:					
	(	N SO NOTARY	FICIAL SEAL CHERATSKI PUBLIC-OREGON SION NO. 390838 N EXPIRES MAR. 17	2009				