Requester: State of Oregon, Department of Human Services

M05-70531

Klamath County, Oregon 12/07/2005 08:20:37 AM Pages 1 Fee: \$21.00

After recording, return to:

Recipient: Eleanor M. May

Estate Administration Unit Attn: M.J.Moore, Est. Admin.

Oregon Department of Human Services

P.O. Box 14021

Salem, OR 97309-5024

## 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: Eleanor M. May Recipient's DHS Identifier: WS600J2F
2.	This Request for Notice pertains to transfer or encumbrance of the following described real property:
	R486913 R-3907-025A0-02900-000 document no. 67431, recorded October 23, 1986, volume M86 Page 19325, Klamath County Records clerk.
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.  Oregon Dept. of Human Services P.O. Box 14021 Salem, OR 97309-5024  Phone: (800)826-5675
	Executed this 2nd Day of December , 20 05 .
	OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)
	By: Mg nloose
	Name: M.J.Moore
	Title: Estate Administrator
<b>.</b>	STATE OF OREGON, County of Marion  The foregoing was acknowledge before me this 2nd day of Dec. , 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.  Notary Public for Oregon  My commission expires:
	My commission expires:

OFFICIAL SEAL N SCHERATSKI NOTARY PUBLIC-OREGON COMMISSION NO. 390838 MY COMMISSION EXPIRES MAR. 17, 2009