2007-010897 Klamath County, Oregon

Requester: State of Oregon, Department of Human Services

Recipient: Carolyn M. Mattson

00024937200700408970040048

06/18/2007 10:40:52 AM

Fee: \$21.00

After recording,

return to:

Estate Administration Unit
Attn: Tammy Bersin
Oregon Department
of Human Services
P.O. Box 14021
Salem, OR 97309-5024

NOTARY PUBLIC-OREGON COMMISSION NO. 390838 MY COMMISSION EXPIRES MAR. 17, 2009

REQUEST FOR NOTICE OF TRANSFER OR ENCUMBRANCE

| The Made of House portains to the follows | ng recipient of public assistance, as defined in ORS 411.010: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recipient's Name: Recipient's DHS Identifier: | Carolyn M. Mattson CH08326B | |
| This Request for Notice pertains to transfer or | encumbrance of the following described real property: | |
| The south one-half of lots 21, 22, 23 an official plat thereof on file in the office of | nd 24, Block D, Railroad addition to the City of Malin, according to the of the County Clerk of Klamath County, Oregon | |
| requests that notice of transfer or encumbrance | 205.246 and 411.692, the Oregon Department of Human Services ce of the above described real property, using DHS Model Form Notice omilar form, be mailed to the following address: | ıf |
| Estate Administration Unit Attn: _Tammy Bersin Oregon Dept. of Human Services P.O. Box 14021 Salem, OR 97309-5024 | Phone: (800)826-5675 | |
| Executed this 13th Day of June | , 20 07 | |
| By: | STATE ADMINISTRATION UNIT) | |
| STATE OF OREGON, County of Marion The foregoing was acknowledge before by [name:] Tammy Bersin Administration Unit of the Oregon Department Notary Public for Oregon My commission expires: OFFICIAL SEAL | as Ititle Assistant Estate Administrator of the Estate | |
| | OREGON DEPT. OF HUMAN SERVICES (ESBy: Name: Tammy Bersin Title: Assistant Estate Administrator STATE OF OREGON, County of Marion The foregoing was acknowledge before by [name:] Tammy Bersin Administration Unit of the Oregon Department Notary Public for Oregon My commission expires: OFFICIAL SEAL | OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT) By: Name: Tammy Bersin Title: Assistant Estate Administrator STATE OF OREGON, County of Marion The foregoing was acknowledge before me this 13th day of June 20 07 by [name:] Tammy Bersin as [title] Assistant Estate Administrator of the Estate Administration Unit of the Oregon Department of Human Services on its behalf. Notary Public for Oregon My commission expires: |