2010-008403 Klamath County, Oregon

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Department of Human Services				
Recipi	ent: Esther Dunlap	07/13/2010 08:59:08 AM	<u>Fee: \$37.00</u>	
After return	ecording, to: Estate Administration Unit Attn: Tammy Bersin Oregon Department of Human Services P.O. Box 14021 Salem, OR 97309-5024			
	REQUEST FOR NOT	ICE OF TRANSFER OR ENCUMBRANCE	≣	
1. Tł	his Request for Notice pertains to the follow	ing recipient of public assistance, as defined in OR	S 411.010:	
	Recipient's Name: Recipient's DHS Identifier:	Esther Dunlap JI800Y5I		
2. Th	his Request for Notice pertains to transfer o	r encumbrance of the following described real prop	erty:	
	east of the willamette Meridian, Klama Beginning at a point on the westerly ri- degrees 42' west a distance of 770.8° distance of 576.6 feet from the iron ax Township 38 south, range 9 east of th 6 degrees 02' east along the westerly to a point; thence north 89 degrees 48	It quarter of the southwest quarter of section 7, town of the County, Oregon described as follows: ght of way line of the old Dalles-California Highway feet and north 6 degrees 02' east along the said we allow the which marks the quarter section corner common the Willamette Meridian, Klamath County, Oregon, and right of way line of the old Dalles-California Highway' west a distance of 396.54 feet to an iron pin; then a distance of 180 feet to an iron pin; thence south 8 to the point of beginning.	which lies north 89 sterly right of way line to sections 7 and 18. Indicate the running thence northly a distance of 180 fee ce south 6 degrees 02	
re	quests that notice of transfer or encumbran	, 205.246 and 411.692, the Oregon Department of ce of the above described real property, using DHS imilar form, be mailed to the following address:		
	Estate Administration Unit Attn: Tammy Bersin Oregon Dept. of Human Services P.O. Box 14021 Salem, OR 97309-5024	Phone: (800)826-5675		
E	xecuted this <u>6th</u> Day of <u>July</u>			

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT) By: Name: Tammy Bersin Assistant Estate Administrator Title: STATE OF OREGON, County of Marion The foregoing was acknowledge before me this 6th day of July , 20 as [title] Assistant Estate Administrator by [name:] Tammy Bersin Miministration Unit of the Oregon Department of Human Services on its behalf. Notary Public for Oregon My commission expires:

of the Estate

Requester: State of Oregon.