| Requester: State of Oregon, Department of Human Services | | | Maine | atin County, Oregon | |
|--|------------------------------|--|--|--|--|
| | | | 11 111 | | ia 1886 da 886 filio di B ua |
| Recipient: | | Nellie Brumley | 00133 4272 01300032770010010 | | |
| | | | 03/28/20 | 013 08:37:35 AM | Fee: \$37.00 |
| | | | | | |
| After recording, return to: | | Estate Administration Unit Attn: M.J. Chavarin Oregon Department of Human Services P.O. Box 14021 Salem, OR 97309-5024 | | | |
| | TERM | MINATION OF REQUEST FOR | NOTICE OF TRANSF | ER OR ENCUMB | RANCE |
| 1. | | tion pertains to the following described vised Statutes 93.268, 205.246 and 411.69 | | nsfer or Encumbrance | e, recorded pursuant |
| - | ····· | Recipient's Name: Recipient's DHS Identifier: Request Recording Date: Request Recording Reference: County of Recording: | Nellie Brumley CM500Y7D 10-19-2010 2010-012276 Klamath | | |
| 2. | described in Department l | Department of Human Services has d the above referenced Request for No nereby releases and terminates its ab transfer or encumbrance by reason of | tice no longer is required. For ove referenced Request for in the properties of the contract | Pursuant to such deter r Notice and discharge | mination, the |
| | Executed this | s 21 st Day of March , 20 | 13 . | | |
| | | EPT. OF HUMAN SERVICES (ESTAT | E ADMINISTRATION UNI | Т) | |
| | | mg Chavarni | | | |
| | | M.J. Chavarin Estate Administrator | | | |
| | The fo | OREGON, County of Marion Dregoing was acknowledge before me M.J. Chavarin In Unit of the Oregon Department of H | | -: | of the Estate |
| | 1 Cm F | tillon E. Mossi | | | |



2013-003277

Notary Public for Oregon
My commission expires: ///2//5