

2016-012900

Klamath County, Oregon



00196010201600129000010013

12/05/2016 11:20:21 AM

Fee: \$42.00

Requester: State of Oregon,  
Department of Human Services

Recipient: Donald Paul Sagehorn

After recording,  
return to:

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

☐ Spouse

### 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: Donald Paul Sagehorn  
Recipient's DHS Identifier/EAU#: KU501A2K / 379117

2. This Request for Notice pertains to transfer or encumbrance of the following described parcel of Klamath County real property:

That portion of the West half of Section 29, Township 35 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon, which lies South of the Sprague River Highway. EXCEPTING THEREFROM an undivided one-half interest of all the mineral rights as reserved by Deed recorded in Volume 348, page 596, Deed records of Klamath County, Oregon.

Situs Address: 19510 Sprague River Road, Sprague River, OR 97639  
Map and Taxlot: R-3510-02800-01000-000  
Tax Account No.: R256653

3. Pursuant to Oregon Revised Statutes 93.268, 205.246 and 411.694, 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 **Phone: (800) 826-5675**  
Attn: Kenneth R. Ryder  
Oregon Dept. of Human Services  
P.O. Box 14021  
Salem, OR 97309-5024

Executed this 29 Day of November, 20 16

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: *[Signature]*  
Name: Kenneth R. Ryder  
Title: Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 29 day of Nov, 20 16  
by [name:] Kenneth R. Ryder as [title] Estate Administrator of the Estate  
Administration Unit of the Oregon Department of Human Services on its behalf.

*[Signature]*  
Notary Public for Oregon  
My commission expires: 05/27/2018

