2016-013717 Klamath County, Oregon

MY COMMISSION EXPIRES MAY 27, 2018

Department of Human Services Fee: \$42.00 12/23/2016 01:51:26 PM Recipient: Peter Elmer Davis After recording, return to: Estate Administration Unit Attn: KRR ☐ Spouse Oregon Department of Human Services P.O. Box 14021 Salem, OR 97309-5024 REQUEST FOR NOTICE OF TRANSFER OR ENCUMBRANCE This Request for Notice pertains to the following recipient of public assistance, as defined in ORS 411.010: Recipient's Name: Peter Elmer Davis 387700 Recipient's DHS Identifier/EAU#: PC500X7W This Request for Notice pertains to transfer or encumbrance of the following described parcel of Klamath County real 2. property: W2NE4 NW4, SE4 Section 21 of Township 36, Range 12.0 Map and Taxlot: R-3612-00000-08600-000 008 Tax Account No.: R352987 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 20 Day of December
De , 20 16 DEPT DF AUMAN SERVICES (ESTATE ADMINISTRATION UNIT) Bv: Kenneth R. Ryder Name: Estate Administrator Title: STATE OF OREGON, County of Marion The foregoing was acknowledge before me this 20 day of Dec . 20 by [name:] Kenneth R. Ryder 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: 05/27/2018 OFFICIAL STAMP ALISSA BRUSTER NOTARY PUBLIC-OREGON COMMISSION NO. 928991

Requester: State of Oregon,