2018-004031

Klamath County, Oregon



04/03/2018 12:22:33 PM

Fee: \$42.00

Requester: State of Oregon, Department of Human Services

Recipient: Sara F. Aitken

After recording,

 return to:
 Estate Administration Unit

 Attn:
 Alissa Bruster

 Spouse
 Oregon Department

 of Human Services
 P.O. Box 14021

 Salem, OR 97309-5024

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: Sara F. Aitken Recipient's DHS Identifier / EAU #: PH500J9M / EAU No. 419317
- This Request for Notice pertains to transfer or encumbrance of the following described parcel of Klamath County real property:

LOT 4, BLOCK 3 OF CRESCENT PINES ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON.

Situs Address: 139917 Bearskin Rd., Crescent Lake, OR 97733 Map and Taxlot: 240718-D0-01200 Tax Account No.: 147399

 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 Attn: <u>Alissa Bruster</u> Oregon Dept. of Human Services P.O. Box 14021 Salem, OR 97309-5024	Phone: (800)826-5675
Executed this Day of	, 20 <u>18</u>
OREGON DEPT. OF HUMAN SERVICES (ESTATE A By: Name: Alissa Bruster Title: Assistant Estate Administrator STATE OF OREGON, County of Marion The foregoing was acknowledge before me thi by [name:] Alissa Bruster Administration Unit of the Oregon Department of Hum Marion Notary Public for Oregon My contrhission expires: 3 27/18	s <u>29th</u> day of <u>March</u> , 20 <u>18</u> as [title] Assistant Estate Administrator of the Estate