NOTICE OF TRANSFER OR ENCUMBRANCE

Pursuant to Idaho Code §§ 56-225 and 55-819, the undersigned gives notice to the State of Idaho, Department of Health and Welfare of the transfer or encumbrance of the real property identified in that Request for Notice recorded as instrument number _____, on the ____ day of _____, 20___.

_____ _____
Name of public assistance recipient Medicaid Number

_____ _____
Spouse of public assistance recipient (if any) Medicaid Number (if any)

Name and address of transferee or lien holder: _____

_____

Date, or anticipated date, of transfer or encumbrance: _____

Legal Description of Real Property: _____

_____

_____

_____

This notice should be sent to:

Department of Health and Welfare
Estate Recovery Unit
3276 Elder, Suite B
P.O. Box 83720
Boise, Idaho, 83720-0036

DATED This ____ day of _____, 20____.

_____

STATE OF IDAHO)
) ss.
County of _____)

On this ____ day of _____, 20___, personally appeared _____, _____, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

_____
Notary Public for Idaho
Commission Expires: _____