Department of Assessment

Office: (541) 766-6855 Fax: (541) 766-6398

PO BOX 3020 Corvallis, OR 97339

assessment.bentoncountyor.gov/

REQUEST FOR CHANGE OF OWNERSHIP BY WAY OF AN UN-RECORDED DOCUMENT \$50.00 Application Fee

Map & Tax Lot No.

Account #(s)

Owner(s) on OUR Records:

It is Requested that the ABOVE DESCRIBED PROPERTY be listed in the following Name(s):

BY VIRTUE OF THE FOLLOWING:

	Property conveyed by Court Order in Divorce or Civil Action
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Divorce Decree No. _____ Circuit Court Case No. _____

(Please provide copy of decree or property settlement agreement pertaining to property distribution)

Legal name change Circuit Court Case No.

(Requires copy of Circuit Court Case document)

- Change to/from married name (Requires copy of Marriage cert or Divorce decree)
- Change of Trustee on Trust (Requires copy of changed Trustee portion of Trust)
- D Other _____

Requested by:

	(print name)	(signature)	
Mailing Address:		Phone	
**Name Changes:			
TAXPAYER ALSO U	NDERSTANDS THAT ANY UN	NRECORDED DOCUMENTS (not recorded at the county	
		ING PROCESSED FOR ASSESSMENT RECORDS ONLY A	
		S BY OTHER OFFICES TO BE RECORDED ON THE PUBI	
RECORD FOR CONS	TRUCTIVE NOTICE TO THIR	RD PARTIES IN FUTURE TRANSACTIONS.	
Initials:	Date:		

