

Requester: State of Oregon, Department of Human Services

Recipient: DEANNA D. MONTGOMERY

M06-11703

Klamath County, Oregon

06/09/2006 09:11:43 AM

Pages 1 Fee: \$21.00

After recording, return to: Estate Administration Unit
Attn: BRAUTIGAM/MESSMAN
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: DEANNA D. MONTGOMERY
Recipient's DHS Identifier: GOC0569A

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

REAL PROPERTY IN KLAMATH COUNTY, OREGON:

A portion of Lot 355 Block 123 MILLS ADDITION TO THE CITY OF KLAMATH FALLS, OREGON, in the County of Klamath, State of Oregon, more particularly described as follows: Beginning at the Southeast corner of the intersection of Home Avenue with Division Street; thence Easterly along the South line of Home Avenue 250 feet; thence Southerly at right angles to Home Avenue to the North line of the alley running through Block 123; thence Easterly along the North line of said alley 35 feet; thence Northerly at right angles to said North line of said alley to the South line of the right of way of the main canal of the U.S.R.S.; thence Northwesterly along the South line of said right of way to the point of beginning.

Also commonly known as 2342 Home Ave., Klamath Falls, OR 97601; aka R-3809-033AD-05800-000

3. Pursuant to Oregon Revised Statutes 93.268, 205.246 and 411.692, 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: BRAUTIGAM/MESSMAN
Oregon Dept. of Human Services
P.O. Box 14021
Salem, OR 97309-5024

Phone: (800)826-5675

Executed this 6th Day of June, 20 06.

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: [Signature]
Name: William Brautigam
Title: Estate Administrator

STATE OF OREGON, County of Marion :

The foregoing was acknowledged before me this 6th day of June, 20 06
by [name:] William Brautigam 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: _____

