

Requester: State of Oregon,
Department of Human Services

M06-14025

Klamath County, Oregon

07/12/2006 10:12:56 AM

Pages 1 Fee: \$21.00

Recipient: Arlene J. Ross

**After recording,
return to:**

Estate Administration Unit
Attn: Rick Mills
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: Arlene J. Ross
Recipient's DHS Identifier: CL41526A

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

Commonly known as: 6048 Climax Ave., Klamath Falls Oregon
Tax Property ID#: R507197
Reference Deed M85-10150

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: Rick Mills
Oregon Dept. of Human Services
P.O. Box 14021
Salem, OR 97309-5024
Phone: (800)826-5675

Executed this 6th Day of July, 20 06

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: [Signature]
Name: Richard H. Mills
Title: Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 6th day of July, 20 06
by [name:] Richard H. Mills 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: 6/4/10

