

Requester: State of Oregon,  
Department of Human Services



08/21/2007 08:46:47 AM

Fee: \$21.00

Recipient: Mable D. Mitchell

After recording,  
return to: Estate Administration Unit  
Attn: Tammy Bersin  
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: Mable D. Mitchell  
Recipient's DHS Identifier: AB25572B

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

The East 1/2 of lots 7 and 8 in Block 17 of Fairview addition No. 2; according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon  
Tax Account#3809-029ca-14700-000 Key No. 301710

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 **Phone: (800)826-5675**  
Attn: Tammy Bersin  
Oregon Dept. of Human Services  
P.O. Box 14021  
Salem, OR 97309-5024

Executed this 16th Day of August, 20 07

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: [Signature]  
Name: Tammy Bersin

Title: Assistant Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 16th day of August, 20 07  
by [name:] Tammy Bersin as [title] Assistant Estate Administrator of the Estate  
Administration Unit of the Oregon Department of Human Services on its behalf.

Notary Public for Oregon  
My commission expires: 9/12/2010

