

2008-002112

Klamath County, Oregon

Requester: State of Oregon,  
Department of Human Services



00040359200800021120010016

Recipient: Dorcile Shivley

02/20/2008 09:38:37 AM

Fee: \$21.00

After recording,  
return to:

Estate Administration Unit  
Attn: Cindy Steckel  
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: Dorcile Shivley  
Recipient's DHS Identifier: AK91087B

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

Situs address is 353 Chiloquin, OR Map Tax Lot # R-3407-034CC-00700-000. Property description as follows;

A parcel of land situated in the SW $\frac{1}{4}$ SW $\frac{1}{4}$  of Section 34  
T. 34 S., R. 7 E., W.M., more particularly described as  
follows:

Beginning at a point which is South a distance of 660 feet  
from the Northeast corner of the SW $\frac{1}{4}$ SW $\frac{1}{4}$  of said Section 34;  
thence West a distance of 279.2 feet; thence N. 42° 48' W.  
a distance of 199.1 feet, more or less, to the Southeasterly  
boundary of the Chiloquin-Williamson River Market Road;  
thence N. 47° 12' E. along the Southeasterly boundary of said  
Market Road a distance of 222.74 feet; thence S. 42° 48' E. a  
distance of 54.00 feet; thence South a distance of 195.03  
feet; thence East a distance of 208.56 feet, more or less, to  
the East line of the SW $\frac{1}{4}$ SW $\frac{1}{4}$  of said Section 34; thence South  
a distance of 67.98 feet; more or less, to the point of beginning.

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

Executed this 13th Day of February, 20 08

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: \_\_\_\_\_  
Name: Cindy Steckel  
Title: Assistant Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 13th day of Feb., 20 08  
by [name:] Cindy Steckel as [title] Assistant 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:

