

2009-007313

Klamath County, Oregon



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Requester: State of Oregon,
Department of Human Services

Recipient: Orval B. Simmons

05/27/2009 09:15:01 AM

Fee: \$21.00

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: Orval B. Simmons
Recipient's DHS Identifier: FV700W3Y

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

All that portion of lots 7 and 8, block 62, Nichols Addition to the City of Klamath Falls, Oregon, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon, described as follows:
Beginning at the point distant 60 feet Southeasterly from the most northerly corner of said lot 8; thence southwesterly and parallel to Grant Street 85 feet; thence southeasterly and parallel to tenth street, 60 feet; thence northeasterly and parallel to Grant Street, 85 feet to the Westerly line of tenth street; thence northwesterly along the said line of tenth street, 60 feet to the point of beginning
Code 001 Map 3809-029DC TL 11400 Key#370315

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: Tammy Bersin
Oregon Dept. of Human Services
P.O. Box 14021
Salem, OR 97309-5024

Phone: (800)826-5675

Executed this 19th Day of May, 20 09

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: [Signature]
Name: Tammy Bersin
Title: Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 19th day of May, 20 09
by [name:] Tammy Bersin 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: 6/14/10

