2011-003306 Klamath County, Oregon

03/08/2011 10:35:31 AM Recipient: June Schrock Fee: \$37.00 After recording, Estate Administration Unit return to: Cindy Steckel Attn: Oregon Department of Human Services ☐ Spouse P.O. Box 14021 Salem, OR 97309-5024 REQUEST FOR NOTICE OF TRANSFER OR ENCUMBRANCE This Request for Notice pertains to the following recipient of public assistance, as defined in ORS 411.010: June Schrock Recipient's Name: AQ33961A Recipient's DHS Identifier: This Request for Notice pertains to transfer or encumbrance of the following described real property: Situs address - 2098 Hope St., Klamath Falls, OR 97603. Map Tax Lot: R-3909-002BD-06300-000. Property description: TWP 39, Range 9, Block Sec 2, Tract POR W2E2W2SE4NW4, Acres .26, Mult MS'S X# 118987; 89391, Mult Home ID 193613; 171139 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: Phone: (800)826-5675 Estate Administration Unit Attn: Cindy Steckel Oregon Dept. of Human Services P.O. Box 14021 Salem, OR 97309-5024 Executed this 24th Day of February , 20 11 OREGON-DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT) Ciridy Steckel Name: Asst Estate Administrator Title: STATE OF OREGON, County of Marion The foregoing was acknowledge before me this 24th day of Feb as [title] Asst Estate Administrator by [name:] Cindy Steckel Administration Unit of the Oregon Department of Human Services on its behalf. Notary Public for Oregon 10-9-14 My commission expires: OFFICIAL SEAL OTARY PUBLIC-OREGON COMMISSION NO. 452236 MY COMMISSION EXPIRES OCTOBER 09, 2014

Requester: State of Oregon,
Department of Human Services