



00102164201100062910010012

05/19/2011 09:18:58 AM

Fee: \$37.00

Requester: State of Oregon,  
Department of Human Services

Recipient: Mary L Roth

After recording,  
return to:

Estate Administration Unit  
Attn: Cindy Steckel  
Oregon Department  
of Human Services  
P.O. Box 14021  
Salem, OR 97309-5024

Spouse

**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: Mary L Roth  
Recipient's DHS Identifier: GP400M6C

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

2732 Dayton St., Klamath Falls, OR 97603. Map Tax Lot # R-3909-003DD-02800-000. Property description as follows: The South One-Half of Tract Number Fourteen (14) Townsend Tracts, According to the duly recorded Plat Thereof.

3. Pursuant to Oregon Revised Statutes 93.268, 205.246 and 411.694, 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: Cindy Steckel  
Oregon Dept. of Human Services  
P.O. Box 14021  
Salem, OR 97309-5024

Executed this 5th Day of May, 20 11

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: *Cindy Steckel*  
Name: Cindy Steckel  
Title: Assistant Estate Administrator

STATE OF OREGON, County of Marion :

The foregoing was acknowledge before me this 5th day of May, 20 11  
by [name:] Cindy Steckel as [title] Asst Estate Administrator of the Estate  
Administration Unit of the Oregon Department of Human Services on its behalf.

*Natalia Scheratski*  
Notary Public for Oregon  
My commission expires: \_\_\_\_\_

