

2011-012618

Klamath County, Oregon



00109986201100126180010019

11/10/2011 09:18:26 AM

Fee: \$37.00

Requester: State of Oregon,
Department of Human Services

Recipient: Leroy Schell

After recording,
return to:

Estate Administration Unit
Attn: KRR
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: Leroy Schell
Recipient's DHS Identifier: JE900W6X

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

Parcel 1: Parcel 1 of Partition 15-92, situated in the S $\frac{1}{2}$ of the NW $\frac{1}{4}$ of Section 11, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon.

Property ID: R557490

Map & Tax Lot #: R-3909-011DB-00900-000

Situs Address: 5161 Bristol Ave, Klamath Falls, OR 97603

Parcel 2: Lot 26 in Block 31, Tract 1184 - Oregon Shores - Unit 2 - 1st Addition, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Property ID: R235604

Map & Tax Lot #: R-3507-017BC-06000-000

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
Attn: Kenneth R. Ryder
Oregon Dept. of Human Services
P.O. Box 14021
Salem, OR 97309-5024

Phone: (800)826-5675

Executed this 2 Day of November, 20 11

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: [Signature]
Name: Kenneth R. Ryder
Title: Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 2 day of Nov, 20 11
by [name:] Kenneth R. Ryder 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: 09/12/2014

