

2015-006566

Klamath County, Oregon



00171526201500065660010011

06/23/2015 08:47:02 AM

Fee: \$42.00

Requester: State of Oregon,  
Department of Human Services

Recipient: Mary Ann Norris

After recording,  
return to:

Estate Administration Unit  
Attn: Kathleen E. Rossi  
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 Ann Norris  
Recipient's DHS Identifier/ICM#: GOE5467A / 362396

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

Property Description as follows: Beginning at a point 530 feet South of the Southwest corner of the NE ¼ NE ¼ of Section 10, Township 39 South, Range 9 East Willamette Meridian; thence South 325 feet; thence East 500 feet, more or less, to the center line of U.S.R.S. Drainage Canal; thence Northwesterly along said center line of said Drainage Canal to the point of beginning, being a triangular parcel of land situate in the SE ¼ of NE ¼ of Section 10, Township 39 South, Range 9 East Willamette Meridian. EXCEPTING THEREFROM the portion of said premises lying within the U.S.R.S. Drainage Canal right of way.

Situs Address: 3547 Crest St, Klamath Falls OR 97603  
Map and Taxlot: R-3909-010AD-00600-000  
Tax Account No.: R541925

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

Executed this 18th Day of June, 20 15

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: Kathleen E. Rossi  
Name: Kathleen E. Rossi  
Title: Assistant Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 18th day of June, 20 15  
by [name:] Kathleen E. Rossi as [title] Asst. Estate Administrator of the Estate  
Administration Unit of the Oregon Department of Human Services on its behalf.

Dianne L Holmes  
Notary Public for Oregon  
My commission expires: 11-02-2015

