

2015-010193

Klamath County, Oregon

Requester: State of Oregon,
Department of Human Services



Recipient

: Noice, Sharon K

09/15/2015 10:12:47 AM

Fee: \$42.00

After
recording,
return to:

Estate Administration Unit

Attn: Dianne Holmes☐ SpouseOregon 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: Noice, Sharon KRecipient's DHS Identifier / ICM#: JH400N7K / 371877

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

Legal Description:

The E ½, ½ S, ½ NE, ¼ NE, ¼ of SECTION 8, TOWNSHIP 25 south, RANGE 0, EAST OF THE WILLAMETTE
MERIDIAN, KLAMATH COUNTY, OREGON

Map and Taxlot: : R-2508-00800-00900-000**Address :** PO BOX 429, Gilchrist, OR 97737

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 Dianne Holmes

Phone: (800)826-5675

Oregon Dept. of Human Services

P.O. Box 14021

Salem, OR 97309-5024

Executed this 8th Day of September, 20 15

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By:

Dianne HolmesName: Dianne HolmesTitle: Assistant Estate AdministratorSTATE OF OREGON, County of Marion

The foregoing was acknowledge before me 8th day of Sept., 20 15
this

by [name:] Dianne Holmes as [title] Assistant Estate Administrator of the Estate
Administration Unit of the Oregon Department of Human Services on its behalf.

Notary Public for Oregon

My commission expires:

11/2/15