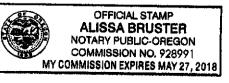
2016-004350 Klamath County, Oregon

Requester: State of Oregon, Department of Human Services 04/29/2016 08:27:38 AM Fee: \$42.00 Recipient: Linda L Daisog After recording, return to: Estate Administration Unit Cindy Steckel Attn: ☐ Spouse Oregon Department of Human Services 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: Recipient's Name: Linda L Daisog Recipient's DHS Identifier / EAU #: DA51304A / 383679 This Request for Notice pertains to transfer or encumbrance of the following described parcel of klamath County real property: Legal Description: The Northwesterly 50 feet of the Southeasterly 100 feet of Lots 4 and 5, Block 35, of First Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon Situs Address: 629 North 5th Street, Klamath Falls, OR 97601 Map and Taxlot: 380932BA-01000 Tax Account No.: R410709 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: 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 25th Day of April , 20 16 OREGON DEPT. OF HUMAN SERVICES (EST)ATE ADMINISTRATION UNIT) By: Name: €indv Ste¢kel Asst. Estate Administrator Title: STATE OF OREGON, County of Marion The foregoing was acknowledge before me this 25th day of April by [name:] Cindy Steckel as [title] Asst. Estate Administrator of the Estate Administration Unit of the Oregon Department of Human Services on its behalf.



Notary Public for Oregon My commission expires: