## 2016-013613 Klamath County, Oregon

00196828201600136130010013

| Requester: | State   | of Or | egon,   |    |
|------------|---------|-------|---------|----|
| Department | l of Hu | ıman  | Service | es |

| D.        | :-:4.                         | Martin Chirley I  | 12/22/20 10 US.41.US AW  | ree. \$42.00                      |
|-----------|-------------------------------|---|--|-----------------------------------|
| Kec       | ipient:                       | Martin, Shirley J   |  |                                   |
| ret       | er recor<br>urn to:<br>Spouse | Estate Administration Unit Attn: Dianne L. Holmes Oregon Department of Human Services P.O. Box 14021 Salem, OR 97309-5024 |  |                                   |
|           |                               | REQUEST FOR NOTI  | CE OF TRANSFER OR ENCUMBRANCE  |                                   |
| 1.        | This R                        | equest for Notice pertains to the follow  | ing recipient of public assistance, as defined in ORS 41   | 1.010:                            |
| -         |                               | Recipient's Name:<br>Recipient's DHS Identifier / EAU #:  | Martin, Shirley J<br>VR600I1W / 391983   |                                   |
| 2.        |                               | ty: Lot 5 in Block 18, Hot Springs A  | r encumbrance of the following described parcel of Klar<br>ddition to the City of Klamath Falls, according to the<br>County Clerk of Klamath County, Oregon.     |                                   |
|           |                               | Situs Address: 1632 Manzanita Str   | eet, Klamath Falls, OR 97601   |                                   |
|           |                               | Map and Tax Lot: 380929DA / 00600   | )  |                                   |
| 3.        | reques                        | sts that notice of transfer or encumbrar  | , 205.246 and 411.694, the Oregon Department of Hum<br>ce of the above described real property, using DHS Mo<br>imilar form, be mailed to the following address: | an Services<br>del Form Notice of |
|           |                               | Estate Administration Unit Attn: _Dianne L. Holmes Oregon Dept. of Human Services P.O. Box 14021 Salem, OR 97309-5024     | <b>Phone:</b> (800)826-5675  |                                   |
|           | Execu                         | ted this 15TH Day of December   | , 20 <u>16</u> .   |                                   |
|           | OREG                          | ON DEPT. OF HUMAN SERVICES (E   | STATE ADMINISTRATION UNIT)   |                                   |
| Yer∓er ri | By:<br>Name:<br>Title:        | Dianne L. Holmes Assistant Estate Administrator   |  |                                   |
|           | STATE                         | E OF OREGON, County of Marion   | <u> </u>   |                                   |
|           | Admin                         | The foregoing was acknowledge beforme:  Dianne L. Holmes istration Unit of the Oregon Department Public for Oregon        | as [title] Assistant Estate Administrator  | of the Estate                     |
|           |                               | mmission expires:   | 14/19  |                                   |

