

2018-014820

Klamath County, Oregon

Requester: State of Oregon,
Department of Human Services



00233096201800148200010017

Recipient: Glenn Gary Thompson

12/11/2018 10:24:34 AM

Fee: \$82.00

After recording,
return to:

Estate Administration Unit
Attn: Tammy Bersin
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: Glenn Gary Thompson
Recipient's DHS Identifier / EAU #: NX500A3D / 432925

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

A portion of Lots 4 & 5, Block 64, Supplemental Plat of Nichols Addition to the City of Klamath Falls, OR, according to the official plat thereof on file in the office of the County Clerk of Klamath County, OR., being more particularly described as follows: Beginning at the Easter most corner of Block 64; thence NW along the S. line of Eighth St. 245 feet to the true point of beginning; thence Southwesterly parallel with Lincoln St. 85 feet, more or less, to the Eastern line of Prospect St.; thence North along said E. line of Prospect St. to the Northern most corner of said Block 64; thence SE along the S. line of Eighth St. 65 feet, more or less to the point of beginning.

Situs Address: 640 N. 8th Klamath Falls, OR 97601
Map and Taxlot: R-3809-029DC-20400-000
Tax Account No.: R760787

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

Executed this 5th Day of Dec., 20 18

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: [Signature]
Name: Tammy Bersin
Title: Assistant Estate Administrator

STATE OF OREGON, County of Marion

The foregoing was acknowledged before me 5th day of Dec., 20 18
this

by [name:] Tammy Bersin as [title] Assistant 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: 9/14/19

