

2020-002131

Klamath County, Oregon

Requester: State of Oregon,
Department of Human Services



Recipient: Alton B. Davis

02/21/2020 11:53:47 AM

Fee: \$82.00

**After recording,
return to:**

Estate Administration Unit

Attn: n/a
☐ Spouse
Oregon 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: Alton B. DavisRecipient's DHS Identifier / EAU #: BG30224A / 459556

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

The Southerly 40 feet of Lots 4 and 5, Block 7, CANAL ADDITION, to the city of Klamath Falls, in the County of Klamath, State of Oregon.

Beginning on the Northerly line of 9th Street at the Southeast corner of Lot 5, Block 7, CANAL ADDITION, to the City of Klamath Falls, Oregon: thence Northeast along the Northwest line of alley 45.6 feet, more or less, to the most Easterly corner of Lot 4; then in a Northwest direction along the lot lines between Lots 3 and 4, Block 7, 40 feet; thence in a Southwest direction along a line which is parallel and 40 feet distant from the Northwest line of aforementioned alley to its intersection with the Northerly line of 9th Street; thence in a Southeast direction along the North line of 9th Street to the point of beginning.

Situs Address: 413 S 9th Street, Klamath Falls, Oregon 97601Map and Taxlot: R3809-032AA-03300-000Tax Account No.: R413449

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

Phone: (800)826-5675

Attn: n/a

Oregon Dept. of Human Services

P.O. Box 14021

Salem, OR 97309-5024

Executed this 18th day of February, 20 20

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: Betty F. HolladayName: Betty F. HolladayTitle: Assistant Estate AdministratorSTATE OF OREGON, County of Marion

The foregoing was acknowledge before me this 18th day of Feb., 20 20
by [name:] Betty F. Holladay 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: 4/18/2023