



Requester: State of Oregon,  
Department of Human Services

06/07/2021 03:02:57 PM

Fee: \$82.00

Recipient: Wells, Mildred E

After recording,  
return to:

Estate Administration Unit  
Attn: Veronica Sepulveda  
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: Wells, Mildred E  
Recipient's DHS Identifier / EAU #: GK201N5R / 499424

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

**Parcel 3 of Land Partition 16-92 situated in the N 1/2 NW 1/4 SE 1/4 of Section 7, Township 39 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon.**

Situs Address: 3396 Holbrook St, Klamath Falls, OR 97601  
Map and Taxlot: 3908-007DB-01800  
Tax Account No.: 494316

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: Veronica Sepulveda  
Oregon Dept. of Human Services  
P.O. Box 14021  
Salem, OR 97309-5024

Executed this 2<sup>nd</sup> Day of June, 20 21

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: [Signature]  
Name: Rachelle Ogo  
Title: Administrative Specialist 1

STATE OF OREGON, County of Marion

The foregoing was acknowledged before me this 2<sup>nd</sup> day of June, 20 21  
by [name:] Rachelle Ogo as [title] Administrative Specialist 1 of the Estate  
Administration Unit of the Oregon Department of Human Services on its behalf.

[Signature]  
Notary Public for Oregon  
My commission expires: 12-8-2024

