Requester: State of Oregon,
Oregon Department of Human Services

Recipient: ___Mather, Dale & Suzanne___

After recording,
  return to: Estate Administration Unit
                Attn: ___Angie Moon___
☐ 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: ___Mather, Dale & Suzanne___
    Recipient's ODHS Identifier / EAU #:   ___YPM0607A & YPM0607B / 478955___

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

    The S1/2 of Lot 4, Block 7, FIRST ADDITION TO KENO WHISPERING PINES, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

    Situs Address: 12567 Whispering Pines Dr, Keno OR 97627
    Map and Taxlot: 4008-00600-02100
    Tax Account No.: 621660

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 ODHS 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: ___Angie Moon___
    Oregon Dept. of Human Services
    P.O. Box 14021
    Salem, OR 97309-5024

Executed this ___10th___ Day of ___December___ , 20 ___21___ .

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: _____
Name: ___Ted Ash___
Title: ___Administrative Specialist 1___

STATE OF OREGON, County of ___Marion___   :

        The foregoing was acknowledged before me this ___10th___ day of ___December___ , 20 ___21___
by [name:] ___Ted Ash___ as [title] ___Administrative Specialist 1___ of the Estate Administration Unit of the Oregon Department of Human Services on its behalf.

_____
Notary Public for Oregon
My commission expires: ___12-8-2024___

OFFICIAL STAMP
BARBARA DAWN HAMPTON-REYES
NOTARY PUBLIC - OREGON
COMMISSION NO. 1006893
MY COMMISSION EXPIRES DECEMBER 08, 2024

DHS 0522 (Revised 11/19/2020)