



Requester: State of Oregon,
Oregon Department of Human Services

Recipient: Roman Martinez

11/27/2023 03:06:37 PM

Fee: \$82.00

After recording,
return to:

☐ Spouse

Estate Administration Unit
Attn: Chezaray Gabriel
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: Roman Martinez
Recipient's ODHS Identifier / EAU #: JM90108Y / 524716

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

Lots 4, 5, and 6 in Block 4 of LATAKOMIE SHORES SUBDIVISION, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

Situs Address: 3310 Shoshoni Dr Chiloquin OR 97624
Map and Taxlot: 3507-007CD-12800
Tax Account No.: 231387

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
Attn: Chezaray Gabriel
Oregon Dept. of Human Services
P.O. Box 14021
Salem, OR 97309-5024
Phone: 800-826-5675

Executed this 16 Day of November, 20 23

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 16 day of November, 20 23
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

