

Requester: State of Oregon,
Oregon Department of Human Services



00352912202600014030010017

Recipient: Carol Hardin

02/13/2026 11:29:45 AM

Fee: \$87.00

After recording,
return to:

Estate Administration Unit
Attn: Michael W
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: Carol Hardin
Recipient's ODHS Identifier / EAU #: WT101P1O / 608577

2. This Request for Notice pertains to transfer or encumbrance of the following described parcel of Klamath County real property:
Lot 4, Block 4, MAZAMA GARDENS, Klamath County, Oregon

Situs Address: 3926 Mazama Dr Klamath Falls OR 97603
Map and Taxlot: 3909-010DD-03000
Tax Account No.: 546902

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

Executed this 10 Day of February, 20 26.

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: [Signature]
Name: Rachelle Ogo
Title: AS1

STATE OF OREGON, County of Marion :

The foregoing was acknowledged before me this 10 day of February, 20 26
by [name:] Rachelle Ogo as [title] AS1 of the Estate
Administration Unit of the Oregon Department of Human Services on its behalf.

[Signature]
Notary Public for Oregon
My commission expires: 11-11-2028

