461-135-0847 Eff. 10-1-04

Forms; Request for Notice of Transfer or Encumbrance; Termination of Request for Notice of Transfer or Encumbrance; Notice of Transfer or Encumbrance

(1) The forms set forth in this rule are adopted in accordance with ORS 93.268, 205.246, and 411.692.

(2) Request for Notice of Transfer or Encumbrance Form

Requester: State of Oregon, Department of
Human Services
Recipient:
After recording, return to:
Estate Administration Unit
Attn: _____
Oregon Dept. of Human Services
PO 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 : _____
Recipient=s DHS Identifier : _____

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

{Insert Legal Description or recorded document with legal description, Street Address and County Assessor=s Tax Parcel No.}

3. Pursuant to ORS 93.268, 205.246, and 411.692, 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
Attn: _____
Oregon Dept. of Human Services
PO Box 14021
Salem, OR 97309-5024

Executed this _____ day of _____, 20____.

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: _____
Name:
Title:

STATE OF OREGON, County of _____:
The foregoing was acknowledged before me this _____ day of _____, 20___
by {name:} _____ as {title:} _____ of the Estate

Administration Unit of the Oregon Department of Human Services on its behalf.

_____
Notary Public for Oregon
My commission expires:

(3) Termination of Request for Notice of Transfer or Encumbrance Form

Requester: State of Oregon, Department of Human Services
Recipient:
After recording, return to:
Estate Administration Unit
Attn: _____
Oregon Dept. of Human Services
PO Box 14021
Salem, OR 97309-5024

TERMINATION OF REQUEST FOR NOTICE
OF TRANSFER OR ENCUMBRANCE

1. This termination pertains to the following described Request for Notice of Transfer or Encumbrance, recorded pursuant to ORS 93.268, 205.246, and 411.692:

Recipient=s Name : _____

Recipient=s DHS Identifier : _____

Request Recording Date : _____

Request Recording Reference : _____

County of Recording : _____

2. The Oregon Department of Human Services has determined that notice of transfer or encumbrance of the real property described in the above referenced Request for Notice no longer is required. Pursuant to such determination, the Department hereby releases and terminates its above referenced Request for Notice and discharges all requirements for notice of transfer or encumbrance by reason of the above referenced Request for Notice.

Executed this _____ day of _____, 20____.

OREGON DEPT. OF HUMAN SERVICES (ESTATE ADMINISTRATION UNIT)

By: _____
Name:
Title:

STATE OF OREGON, County of _____:
The foregoing was acknowledged before me this _____ day of _____, 20___ by {name:} _____ as {title:} _____ of the Estate Administration Unit of the Oregon Department of Human Services on its behalf.

_____
Notary Public for Oregon
My commission expires:

(4) Model Form - Notice of Transfer or Encumbrance Form

NOTICE OF TRANSFER OR ENCUMBRANCE

TO:
Estate Administration Unit
Attn: _____
Oregon Dept. of Human Services
PO Box 14021
Salem, OR 97309-5024

FROM:
_____
_____
_____

DATE: _____

REGARDING:
Request for Notice of Transfer or Encumbrance, recorded pursuant to ORS 93.268, 205.246, and 411.692, as follows:

Recipient=s Name : _____
Recipient=s DHS Identifier : Prime No. _____
Request Recording Date : _____
Request Recording Reference : _____
County of Recording : _____

NOTICE:
The above named informant, in response to the above referenced Request for Notice, hereby provides notice of the following described transfer or encumbrance related to the real property described in the Request for Notice:

G Type of Instrument : _____
Recording Date : _____
Recording Reference : _____
(Copy Enclosed)

G Type of Instrument : _____
Recording Date : _____
Recording Reference : _____
(Copy Enclosed)

{Add entries, as needed}

- - - End of Notice - - -

(5) These forms are available at http://dhsforms.hr.state.or.us/forms/databases/findforms.htm. At the Find a form window in the Form Number field, type in the four-digit form number and click on search.

Stat. Auth.: ORS 93.268, 205.246, 411.692
Stats. Implemented: ORS 93.268, 205.246, 411.692