After recording, return to:

Pacific Crest Federal Credit Union P.O. Box 1179 Klamath Falls, OR 97601

2013-000307 Klamath County, Oregon



<u>01/08/2013</u> 11:47:58 AM

Fee: \$37.00



STATE OF OREGON FORECLOSURE AVOIDANCE MEDIATION PROGRAM

	BENEFICIARY EXEMPTION AFFIDAVIT			
	Lender/Beneficiary:	Pacific Crest Federal Credit Union		
Die Ette	Jurisdiction*	Oregon		
*If Lender/E Lender/Ber	Beneficiary is not a natural neficiary is organized.	person, provide the state or other jurisdic	tion in which the	
l, Grant Lau state that:	gsand	(printed name) be	eing first duly sworn, depose, and	
Ore	s affidavit is submitted for a egon Laws 2012, chapter 1 vs 2012, chapter 112, §4(3	claim of exemption to the Office of the At 12, §2(2)(d) and to a county clerk in the St s).	torney General of Oregon under ate of Oregon under Oregon	
bec [[] []	 The Lender/Beneficiary identified above is qualified for the exemptions specified in the above provisions because: [check only one of the following boxes] The Lender/Beneficiary is an individual; The Lender/Beneficiary is a financial institution as defined in ORS 706.008; The Lender/Beneficiary is a mortgage banker as defined in ORS 86A.100; or The Lender/Beneficiary is a licensee as defined in ORS 725.010. 			
3. The above named individual or entity did not commence or cause an affiliate or agent of the individual or entity to commence more than a total of 250 actions to foreclose a residential trust deed by advertisement and sale under ORS 86.735 or a residential mortgage by suit under ORS 88.010 during the calendar year preceding the date of this affidavit. The undersigned further certifies that she/he: [check only one of the following boxes] [] is the individual claiming exemption from requirements established under Oregon Laws 2012, chapter 112, or [] is the Loan Development Specialist [insert title] of the entity claiming exemption from requirements established under Oregon Laws 2012, chapter 112 and is authorized by such entity to execute this affidavit on its behalf.				
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Chala -f O-	ogon \	(Signature)		
State of Or) SS.			
County of K	•	\.d.,		
	sworn to (or affirmed) befor	e me this 3 ^m day of Januar	× 2013	
(SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	20000000000000000000000000000000000000	By Grant Law Sans	<i>,</i> ()	
OFFICIAL SEAL AMBER D. BAKER				
	TARY PUBLIC-OREGON (1) OMMISSION NO. 43 9142	Notary Public for Oregon	-2013	
Form 2:2:d Ve	MMISSION EXPIRES MAY 10, 2013	My commission expires: 5-10-	-100	