

15+ 1825412

AFTER RECORDING, RETURN TO:  
Janiece Jungell / Loan Servicing  
HomeStreet Bank  
601 Union Street, Suite 2000  
Seattle, WA 98101-2326

2013-008128

Klamath County, Oregon

07/17/2013 10:43:54 AM

Fee: \$62.00

**AFFIDAVIT OF COMPLIANCE**  
with Oregon Laws 2012, chapter 112, section 4a

<b>Grantor:</b>	Rohanna H. Brannan
<b>Beneficiary:</b>	Oregon Housing & Community Services
<b>Trustee:</b>	Hillis, Clark, Martin & Peterson.
<b>Property Address:</b>	4175 Marian Ct, Klamath Falls, OR 97603
<b>Instrument/Recording No./ Date or Legal Description</b>	Deed of Trust / Vol. M06 Page 4503, March 13, 2006

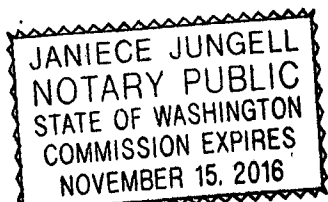
I, the undersigned, being duly sworn, hereby depose and say that:

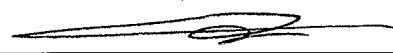
- (1) I am the Assistant Vice President of HomeStreet Bank, who is the Beneficiary's Agent in the above referenced mediation.
- (2) I certify that the beneficiary and the trustee as of this date are the beneficiary and trustee named above.
- (3) On the date shown and in the manner described on the attached proof of service and in accordance with ORS 86.740, I caused to be served on the grantor written notice that explains in plain language that:  
☒ the grantor is not eligible for any foreclosure avoidance measure; or  
☐ the grantor has not complied with the terms of a foreclosure avoidance measure to which the grantor and beneficiary had agreed.
- (4) On the same date, I caused the same notice to be mailed to the Oregon Department of Justice.
- (5) By reason of the above, the beneficiary or beneficiary's agent has complied with the requirements of subsections (1) and (2) of Oregon Laws 2012, chapter 112, section 4a.

  
(Signature)  
Martin Morlatt, Assistant Vice President  
HomeStreet Bank

State of Washington    )  
                                      ) ss.  
County of King         )

Signed and sworn to (or affirmed) before me this 8<sup>th</sup> day of July 2013  
by



  
Notary Public for Washington  
My commission expires: 11-15-16

**Attachment- Proof of Service**

**CERTIFIED MAIL™**

HomeStreet Bank



7011 2970 0003 3271 4247

ROHANNA H BRANNAN  
4175 MARIAN CT  
KLAMATH FALLS OR 97603

Master  
07/05/2012  
10:06:12  
10:06:12  
10:06:12

**CERTIFIED MAIL™**

HomeStreet Bank



7011 2970 0003 3271 4230

ROHANNA H BRANNAN  
PO BOX 451  
CRESTONE CO 81131

Master  
07/05/2012  
10:06:12  
10:06:12  
10:06:12

HomeStreet Bank



ROHANNA H BRANNAN  
4175 MARIAN CT  
KLAMATH FALLS OR 97603

HomeStreet Bank



ROHANNA H BRANNAN  
PO BOX 451  
CRESTONE CO 81131

Hasler

07/05/2013

Hasler

07/05/2013



Hasler

07/05/2013

Hasler

07/05/2013



AFTER RECORDING, RETURN TO:



STATE OF OREGON  
FORECLOSURE AVOIDANCE MEDIATION PROGRAM  
CERTIFICATE OF COMPLIANCE

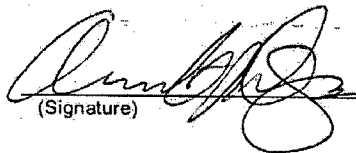
OHCS - HomeStreet Bank  
Janiece Jungell  
601 Union St.  
Suite 2000  
Seattle, WA 98101

Grantor:	Rohanna Brannan
Beneficiary:	OHCS - HomeStreet Bank
Property Address:	4175 Marian Ct. Klamath Falls, OR 97603
Instrument/Recording No./Date or Legal Description	Assessor Parcel Number: R445245

1. The Mediation Service Provider hereby certifies that:

- ☐ The beneficiary or its agent appeared at mediation and complied with the requirements of Oregon Laws 2012, chapter 112, sections 4 and 5 or the beneficiary or its agent settled prior to mediation.
- ☐ The grantor elected to enter into mediation but failed to appear at the time and place scheduled for mediation.
- ☒ The grantor declined to enter into mediation with the beneficiary, or did not confirm intent to participate by the required date.

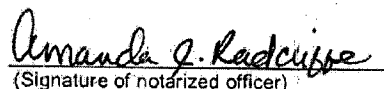
2. On Monday, July 15, 2013 I mailed the original certificate to the beneficiary and trustee, as are named on the title and provided a copy to the grantor and the Attorney General electronically or by mail.

  
(Signature)

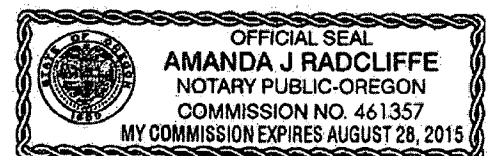
Annette Phelps  
(Printed name of person signing this  
Affidavit)

State of Oregon  
County of Multnomah

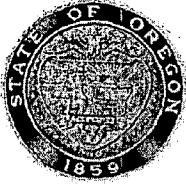
This instrument was acknowledged before me on 7/15/13 by Annette Phelps  
(date) (name(s) of person(s))  
as Compliance Manager of Mediation Case Manager  
(type of authority, e.g., officer, trustee, etc.) (name of party on behalf of whom instrument was executed)

  
(Signature of notary officer)

My Commission Expires on: AUGUST 28, 2015



AFTER RECORDING, RETURN TO:



STATE OF OREGON  
FORECLOSURE AVOIDANCE MEDIATION PROGRAM  
CERTIFICATE OF COMPLIANCE

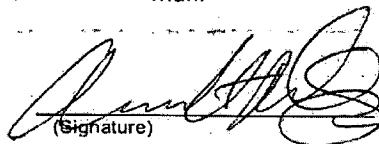
Angela Vokolek  
1221 Second Avenue  
Suite 500  
Seattle, WA 98101

Grantor:	Rohanna Brannan
Beneficiary:	OHCS - HomeStreet Bank
Property Address:	4175 Marian Ct. Klamath Falls, OR 97603
Instrument/Recording No./Date or Legal Description	Assessor Parcel Number: R445245

1. The Mediation Service Provider hereby certifies that:

- ☐ The beneficiary or its agent appeared at mediation and complied with the requirements of Oregon Laws 2012, chapter 112, sections 4 and 5 or the beneficiary or its agent settled prior to mediation.
- ☐ The grantor elected to enter into mediation but failed to appear at the time and place scheduled for mediation.
- ☒ The grantor declined to enter into mediation with the beneficiary, or did not confirm intent to participate by the required date.

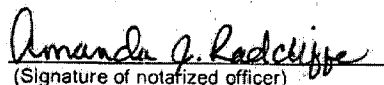
2. On Monday, July 15, 2013 I mailed the original certificate to the beneficiary and trustee, as are named on the title and provided a copy to the grantor and the Attorney General electronically or by mail.

  
(Signature)

Annette Phelps  
(Printed name of person signing this  
Affidavit)

State of Oregon  
County of Multnomah

This instrument was acknowledged before me on 7/15/13 by Annette Phelps  
(date) (name(s) of person(s))  
as Compliance Manager of Mediation Case Manager  
(type of authority, e.g., officer, trustee, etc.) (name of party on behalf of whom instrument was executed)

  
(Signature of notary officer)

My Commission Expires on: August 28, 2015

