

**After recording, return to:**

JOHN D. ALBERT  
PO Box 968  
SALEM, OR 97308

**2016-001915**

Klamath County, Oregon

02/24/2016 09:11:55 AM


Fee: \$47.00

**AFFIDAVIT OF COMPLIANCE WITH ORS 86.748**

<b>Grantor(s):</b>	Donnie Ray Manes and Rhonda Kay Manes, husband and wife (Donnie Ray Manes is deceased)
<b>Beneficiary:</b>	Northwest Farm Credit Services, FLCA
<b>Trustee:</b>	Sherman Sherman Johnnie & Hoyt, LLP, Successor Trustee
<b>Property Address:</b>	32929 Ivory Pine Rd., Bly, OR 97622
<b>Instrument/Recording No./Date or Legal Description:</b>	Trust Deed recorded May 17, 2006, as Instrument No. Vol. M06, Page 09958 records of * County, Oregon

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

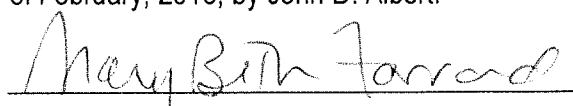
1. I am the attorney for Northwest Farm Credit Services, FLCA, who is the beneficiary in the above referenced foreclosure.
2. I certify that the beneficiary and the trustee as of the as of this date are the beneficiary and trustee named above.
3. On the date shown and in the manner described on the attached proof of service and in accordance with ORS 86.748, I caused to be served to the grantor(s) (within 10 days after making determination) written notice that explains in plain language that:  
[ X ] 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 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 has complied with the requirements of ORS 86.748.

  
John D. Albert, Attorney for Beneficiary

State of Oregon       )  
                                  ) ss.  
County of Marion     )

Signed and sworn to before me this 24<sup>th</sup> day of February, 2016, by John D. Albert.



  
Notary Public for Oregon

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. *15319*

**1. Article Addressed to:**

*Phonda Kay Manes  
32929 Ivory Pine Rd.  
Bly, OR 97022*

**2. Article Number**  
(Transfer from service label)

*7012 3460 0002 5645 4049*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*x Phonda Manes*

☐ Agent

☒ Addressee

**B. Received by (Printed Name)**

*Phonda Manes*

**C. Date of Delivery**

*10-26-15*

**D. Is delivery address different from item 1? ☐ Yes**

If YES, enter delivery address below: ☐ No

**3. Service Type**

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes