

2016-010777

Klamath County, Oregon

10/11/2016 03:33:00 PM

Fee: \$57.00

RECORDING COVER SHEET *(Please Print or Type)*

This cover sheet was prepared by the person presenting the Instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, ORS 205.234, and does NOT affect the instrument.

**AFTER RECORDING RETURN TO:**

Quality Loan Service Corporation  
411 Ivy Street  
San Diego, CA 92101  
619-645-7711

- 1.) Title(s) of the transaction(s) ORS 205.234(a): **Notice of Rescission**
- 2.) Direct Party/ Assignor(s) ORS 205.125(1)(b) and 205.160:  
**Quality Loan Service Corporation of Washington**  
Address: **411 Ivy Street**  
**San Diego, CA, 92101**
- 3.) Indirect Party/Assignee(s) ORS 205.125(1)(a) and 205.160:  
**Lindsay A. Burden, Thomas Burden**  
Address: **1520 California Avenue**  
**Klamath Falls, OR, 97601**
- 4.) True and actual consideration ORS 93.030(5) Amount in dollars or other: ***Not applicable***
- 5.) Send tax statements to: ***Not applicable***
- 6.) Satisfaction of order or warrant ORS 205.125(1)(e): ***Not applicable***  
Check One: ***(if applicable)*** \_\_\_\_\_ Full or \_\_\_\_\_ Partial
- 7.) The amount of the monetary obligation imposed by the order or warrant. ORS 205.125(1)(c):  
***Not applicable***
- 8.) If this instrument is being Re-Recorded, complete the following statement, in accordance with ORS 205.244: ***Not applicable***

RERECORDED AT THE REQUEST OF \_\_\_\_\_ TO CORRECT  
\_\_\_\_\_ PREVIOUSLY RECORDED IN BOOK \_\_\_\_\_ AND PAGE \_\_\_\_\_,  
OR AS FEE NUMBER \_\_\_\_\_.

AFTER RECORDING RETURN TO:

**Quality Loan Service Corporation of Washington**  
**C/O Quality Loan Service Corporation**  
**411 Ivy Street**  
**San Diego, CA 92101**

TS No.: **OR-16-700296-AJ**

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Order No.: **8616350**

The Undersigned: **Quality Loan Service Corporation of Washington**

## **RESCISSION OF NOTICE OF DEFAULT**

**Assessor's Parcel No.: R300338 R-3809-029CB-02300-00**

Reference is made to that certain trust deed in which **LINDSAY A. BURDEN AND THOMAS BURDEN, WIFE AND HUSBAND** was the grantor, **FIDELITY NATIONAL TITLE INSURANCE** was trustee, and **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. (MERS) AS NOMINEE FOR U.S. BANK N.A.** was beneficiary. Said trust deed was recorded on **6/29/2011** as Instrument No. **2011-007811**, of the official records of **KLAMATH County, Oregon** and conveyed to the said trustee the following real property situated in said county:

**LOT 8 IN BLOCK 115, BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON THE FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.**

More commonly known as: **1520 California Avenue, Klamath Falls, OR 97601**

A notice of grantor's default under said trust deed, containing the beneficiary's or trustee's election to sell all or part of the above described real property to satisfy grantor's secured interest by said trust deed was recorded on **4/6/2016**, in said mortgage records, in book/reel/volume/no. at page or as fee/ file/ instrument/ microfilm number **2016-003540**.

Now therefore, notice is hereby given that the undersigned trustee does hereby rescind, cancel, and withdraw said Notice of Default and Election to Sell; it being understood, however, that this rescission shall not in any manner be construed as waiving or affecting any breach or default (past, present or future) under said trust deed or as impairing any right or remedy thereunder, or as modifying or altering in any respect of the terms, covenants, conditions or obligations thereof, but is and shall be deemed to be only an election without prejudice, not to cause a sale to be made pursuant to said notice so recorded.

**QUALITY MAY BE CONSIDERED A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**

TS No.: OR-16-700296-AJ

Dated: 10/7/2016

Quality Loan Service Corporation of Washington

*Kathrina Estoque*

By: Kathrina Estoque  
Its: Assistant Secretary

State of : Washington)

County of: King)

I certify that I know or have satisfactory evidence that Kathrina Estoque is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument

Dated: 10-7-16

Signature

*[Signature]*

Meron Semere

Title

Notary Public

My appointment expires:

7-15-2020

