



00197447201700001870020028

After recording, return to:

William M. Ganong
Attorney at Law
514 Walnut Avenue
Klamath Falls OR 97601

01/09/2017 09:57:24 AM

Fee: \$47.00

**OREGON FORECLOSURE AVOIDANCE PROGRAM
BENEFICIARY EXEMPTION AFFIDAVIT**

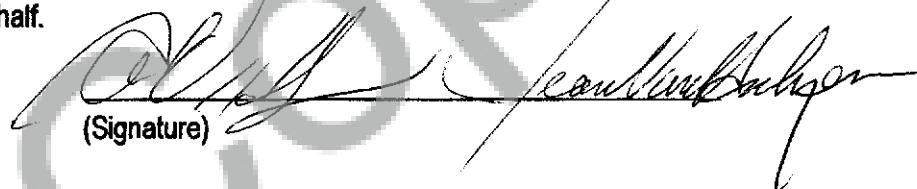
Lender/Beneficiary:	Alvin L. Van Hulzen and Jean Van Hulzen
Jurisdiction*	Klamath County, Oregon

*If Lender/Beneficiary is not a natural person, provide the state or other jurisdiction in which the Lender/Beneficiary is organized.

I, Alvin L. Van Hulzen & Jean Van Hulzen (printed name) being first duly sworn, depose, and state that:

This affidavit is submitted for a claim of exemption to the Office of the Attorney General of Oregon under Oregon Laws 2013, chapter 304, §2(1)(b).

1. The above named individual or entity commenced or caused an affiliate or agent of the individual or entity to commence the following number of actions to foreclose a residential trust deed by advertisement and sale under ORS 86.752 or by suit under ORS 88.010 during the calendar year preceding the date of this affidavit: 1 [not to exceed 175].
2. The undersigned further certifies that she/he: [check only one of the following boxes]
 is the individual claiming exemption from requirements established under Or Laws 2013, ch 304, or
 is the _____ [insert title] of the entity claiming exemption from requirements established under Or Laws 2013, ch 304, and is authorized by such entity to execute this affidavit on its behalf.



(Signature)

State of _____)
) ss.

County of _____)

Signed and sworn to (or affirmed) before me this _____ day of _____,
by Alvin L. Van Hulzen and Jean Van Hulzen

Notary Public for _____
My commission expires: _____

See Attachment

CALIFORNIA JURAT WITH AFFIANT STATEMENT**GOVERNMENT CODE § 8202**

See Attached Document (Notary to cross out lines 1-6 below)
 See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

*Signature of Document Signer No. 1**Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Ventura

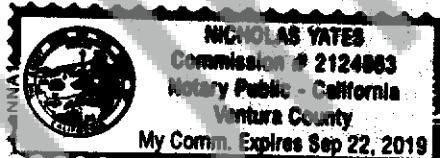
Subscribed and sworn to (or affirmed) before me

on this 28th day of December, 20 16,
by _____ Date _____ Month _____ Year _____(1) Alvin L Van Hulzen(and (2) Jean Van Hulzen),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature _____

Signature of Notary PublicSeal
Place Notary Seal Above**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____