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Fee: \$47.00

After recording, return to:

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

**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

See Attachment

Notary Public for _____

My commission expires: _____

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 Alvin L Van Hulzen
 Date Month Year

(1) Alvin L Van Hulzen

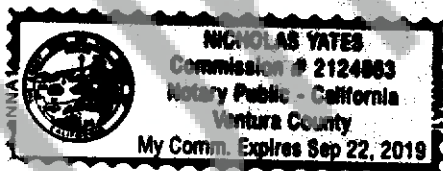
(and (2) Jean Van Hulzen),

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 Public



Seal
 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: _____