

2018-004799

Klamath County, Oregon

04/20/2018 01:47:01 PM

Fee: \$47.00

After Recording, Return To:  
Quality Loan Service Corporation of Washington  
C/O Quality Loan Service Corporation  
411 Ivy Street  
San Diego, CA 92101

**AFFIDAVIT OF COMPLIANCE  
with ORS 86.748(1)**

**Grantor(s):** Chris H Call Jr, Tedi L Call  
**Beneficiary:** FREEDOM MORTGAGE CORPORATION  
**Mortgage Servicer:** Freedom Mortgage  
**Trustee:** Quality Loan Service Corporation of Washington  
**Trustee Sale Number:** OR-17-796631-SH  
**Property Address:** 1855 FREMONT ST, KLAMATH FALLS, OR 97601  
**DOT Rec. Instrument/Book/Page** Instrument No. 2015-001325

I, the undersigned, hereby declare that: **DUANE L. FENTON**

(1) I am the SUPERVISOR of FREEDOM MORTGAGE CORPORATION, who is the Beneficiary in the above referenced trustee's sale.

(2) I certify that the beneficiary and the trustee as of this date are the beneficiary and trustee named above.

(3) [ ] The grantor did not request a foreclosure avoidance measure, and has not been evaluated for any foreclosure avoidance measure.

OR

[X] In accordance with ORS 86.748, a written notice was sent to the grantor(s) explaining in plain language that:

☐ The grantor(s) is/are not eligible for any foreclosure avoidance measure; or

☒ The grantor(s) has/have not complied with the terms of a foreclosure avoidance measure to which the grantor(s) and beneficiary had agreed.

(4) By reason of the above, the beneficiary or beneficiary's agent has complied with the requirements of ORS 86.748(1).

Affidavit of Compliance with ORS 86.748(1)  
Trustee Sale Number: OR-17-796631-SH

Date: 4/18/18

  
Signature

DUANE L. FENTON  
Printed name of person signing this affidavit

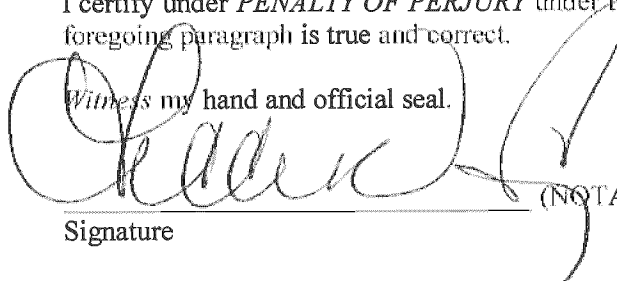
State of: Indiana

County of: Hamilton

On 4-18-18 before me ERICA D. TRACY a notary public personally appeared DUANE FENTON, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under *PENALTY OF PERJURY* under the laws of the state of Indiana that the foregoing paragraph is true and correct.

Witness my hand and official seal.

  
Signature (NOTARY SEAL)

