

RECORDING COVER SHEET  
ALL TRANSACTIONS, ORS: 205.234  
AFTER RECORDING RETURN TO:  
Hershner Hunter, LLP  
Attn: Lisa Summers  
PO Box 1475  
Eugene, OR 97440

1. NAME OR TITLE OF THE TRANSACTION(S) -- ORS 205.234(a):

CERTIFICATE OF COMPLIANCE, STATE OF OREGON FORECLOSURE  
AVOIDANCE PROGRAM

2. GRANTOR ON CERTIFICATE OF COMPLIANCE, STATE OF OREGON  
FORECLOSURE AVOIDANCE PROGRAM:

OREGON FORECLOSURE AVOIDANCE PROGRAM, STATE OF OREGON  
Oregon Justice Department  
1162 Court Street NE  
Salem, OR 97301

3. GRANTEE ON CERTIFICATE OF COMPLIANCE, STATE OF OREGON  
FORECLOSURE AVOIDANCE PROGRAM:

OREGON HOUSING AND COMMUNITY SERVICES DEPARTMENT, STATE OF  
OREGON, ASSIGNEE OF UMPQUA BANK  
725 Summer Street, Suite B  
Salem, Oregon 97301-1266

4. SUCCESSOR TRUSTEE:

NANCY K. CARY  
PO Box 1475  
Eugene, OR 97440

5. ORIGINAL TRUST DEED INFORMATION:

Date Recorded: May 2, 2002  
Recording: Vol: M02, Page: 26462  
Official Records of Klamath County, Oregon

THIS COVER SHEET HAS BEEN PREPARED BY THE PERSON PRESENTING THE  
ATTACHED INSTRUMENTS FOR RECORDING, ANY ERRORS CONTAINED IN THIS  
COVER SHEET DO NOT AFFECT THE TRANSACTION(S) CONTAINED IN THE  
INSTRUMENTS THEMSELVES.



**CERTIFICATE OF COMPLIANCE  
STATE OF OREGON  
FORECLOSURE AVOIDANCE PROGRAM**

**AFTER RECORDING RETURN TO:**

Dannine Consoli  
For OHCS, State of Oregon - Umpqua Bank  
P.O. Box 230727  
Portland, OR 97281

6/27/2019

<b>Grantor:</b>	Neal A. Wolfram
<b>Beneficiary:</b>	Oregon Housing and Community Services Department, State of Oregon
<b>Property Address:</b>	3004 Butte St. Klamath Falls, OR 97601
<b>Instrument / Recording No. Date / County</b>	Instrument Number: Vol: M02, Page: 26462 Recording Number: Vol: M02, Page: 26462 Loan Number: 6505098752 5/2/2002 Klamath
<b>Case Number</b>	BI-190305-7199

1. The Service Provider hereby certifies that:



The beneficiary and/or its agent complied with the requirements of Oregon Laws 2013, Chapter 304, sections 2, 3, and 4;  
or



The grantor did not pay the required fee by the deadline.

2. On this date, I mailed the original certificate to the beneficiary and provided a copy to the grantor and the Attorney General electronically or by mail.

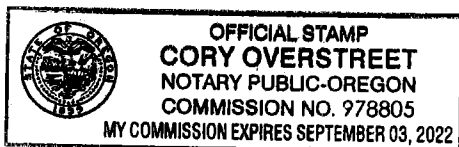
DATED this 27 day of June, 2019.

*[Signature]*

April C. Adams  
Compliance Officer, Oregon Foreclosure Avoidance Program

STATE OF OREGON           )  
  ) ss.  
County of Multnomah       )

The foregoing instrument was acknowledged before me on JUNE 27<sup>TH</sup>, 2019, by APRIL C. ADAMS  
as Compliance Officer of Mediation Case Manager. [Print Name]



*[Signature]*

Notary Public - State of Oregon  
My Commission Expires: 09/03/2022