2019-008864

Klamath County, Oregon

08/06/2019 08:35:01 AM

Fee: \$102.00

RECORDED IN POLK COUNTY Valerie Unger, County Clerk

2018-013155

11/13/2018 09:09:00 AM

REC-AGM Cnt=1 Stn=5 C. PARIS \$25.00 \$11.00 \$10.00 \$60.00 \$5.00

\$111.00

Recording Requested By And When Recorded Mail To:

NATIONWIDE RECONVEYANCE, LLC 5677 OBERLIN DRIVE, SUITE 210 SAN DIEGO, CA 92121

JOSEPHINE COUNTY OFFICIAL RECORDS RHEANNON HENKELS, COUNTY CLERK 2018-000721

Cnim Pgs=10 Stn=3 JJOHNSON 01/18/2018 11:02 AM \$50,00 \$11,00 \$10,00 \$20,00 \$5,00

I, Rhiannon Henkels, County Clerk, certify that the within document was received and duly recorded in the official records of Josephine County.

AGREEMENT

Grantor(s)	
1,DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	
Grantee(s)	
1.LAW OFFICES OF JASON C. TATMAN	
Legal description	
N/A	
Assessor's Property Tax Parcel/Account Number assigned	Assessor Tax # not yet
The Auditor/Recorder will rely on the information provided on this form	n. The staff will not read the docume



U.S. Department of Housing and Urban Development Office of the Regional Counsel Seattle Regional Office - Region X 909 First Avenue, Suite 260 Seattle, Washington 98104-1000 www.hud.gov espanol.hud.gov

FORECLOSURE COMMISSIONER DESIGNATION

Jason C. Tatman TO: Law Offices of Jason C. Tatman APC 506 Second Avenue, Suite 1400 Seattle, WA 98104

Pursuant to Section 805 of the Single Family Mortgage Foreclosure Act of 1994 ("Act"), codified at 12 U.S.C. § 3754, and Section B(11) of the Consolidated Redelegation of Authority to the Office of General Counsel, 76 Fed. Reg. 42463, published on July 18, 2011, you are hereby designated as a single family foreclosure commissioner to act on behalf of the Secretary of Housing and Urban Development to conduct non-judicial foreclosures in the state of Washington and Oregon of the mortgages that may be referred to you by the Department of Housing and Urban Development. A copy of the Act, as codified at 12 U.S.C. §§ 3751-3768, is enclosed, along with the Final Rule and Appendix published in the Federal Register at 61 Fed. Reg. 48546 on September 13, 1996, codified at 24 C.F.R. part 27, subpart B. Foreclosures that are referred to you are to be conducted pursuant to the Act, the regulations, and the letter and instructions that will be given to you at the time of referral of a case.

As foreclosure commissioner, you are a fiduciary and not an employee of the Department of Housing and Urban Development or of the Federal government. You will be responsible for your actions as any other fiduciary.

The commission that will be paid to you upon completion of a non-judicial foreclosure in Washington is \$1,500. A percentage of that amount will be paid for cases that are withdrawn by HUD, based on the following schedule: 20% for work completed up to "service" of the Notice of Foreclosure and Sale; and 80% when the Notice of Foreclosure and Sale has been "served," including the start of publication, or posting if required.

This Designation is effective immediately and can be revoked with or without cause pursuant to the Act. Please sign and date the Designation, providing your Tax Identification or Social Security Number, and return one copy to Mona Fandel at 909 First Avenue, Suite 260, Seattle, WA 98104-1000.

> **BEN CARSON** SECRETARY, U.S. DEPT. OF HUD

MONA FANDEL

By: Mome toucher

REGIONAL COUNSEL

Enclosures (2)

ACKNOWLEDGMENT

State of Washington)
County of King)

FRANCIS GEOFFREY NAVAJA
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 29, 2020

This instrument was acknowledged before me on the <u>28</u> day of <u>September</u>, 2017, by Mona Fandel as Regional Counsel for Region X of the U.S. Department of Housing and Urban Development.

Notary Public

ACCEPTANCE OF DESIGNATION

	I, <u>JASON TATMAN</u> , hereby accept designation as a Foreclosure Commissioner for the state of Washington and agree to abide by the provisions of my appointment the Act referred to above, the regulations, and the Instructions as provided to me by HUD.		
Date	Name of Firm By: 46-5437418 Tax I.D. or Social Security No.		
	ACKNOWLEDGMENT		
State of	· · · · · · · · · · · · · · · · · · ·		
by	This instrument was acknowledged before me on the day of,	2017,	
	Notary Public	-	

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Camornia
}	County of SAN DIEGE
efore me, Cynthial. Rikspil a notary public	On 10/10/17 before me,
Sis of satisfactory evidence to be the person(\$\forall \text{ whose} \\ \text{the within instrument and acknowledged to me that} \\ \text{me in his/her/ther authorized capacity(ies), and that by} \\ \text{the instrument the person(\$\forall \text{)}, or the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ and that by} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the instrument the person(\$\forall \text{)}} \text{ are the entity upon behalf of} \\ \text{the entity upon behalf of} \\ the ent	who proved to me on the basis of satis name(s) is/ate subscribed to the withir he/she/they executed the same in his/
PERJURY under the laws of the State of California that ue and correct.	I certify under PENALTY OF PERJUR the foregoing paragraph is true and co
CYNTHIA L. RUSSELL COMM. 449880 NOTARY PUBLIC • CALIFORNIA F SAN DIEGO COUNTY (Notary Public Seal)	WITNESS my hand and official seal. Complete A Russell Notary Public Signature
IMENT if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. • State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. • Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.	ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT Frechouse Cammissians Title or description of attached document) Title or description of attached document continued) Number of Pages 2 Document Date 17/0/17
 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. ★ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. ♣ Indicate title or type of attached document, number of pages and date. ♣ Indicate the capacity claimed by the signer. If the claimed capacity is a 	CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) (Title) Partner(s) Attorney-in-Fact Trustee(s) Other
Sis of satisfactory evidence to be the person(\$\text{S}\text{ whose} the within instrument and acknowledged to me that me in his/her/the/ir authorized capacity(ies), and that by the instrument the person(\$\text{S}\), or the entity upon behalf of xecuted the instrument. PERJURY under the laws of the State of California that rue and correct. CYNTHIA L RUSSELL COMM \$\text{2149880}\$ WORTH PUBLIC • CALIFORNIA SAM DEGO COUNTY Commission Express Apr. 22, 2020 INSTRUCTIONS FOR COMPLETING THIS FORM MOTARY PUBLIC • CALIFORNIA SAM DEGO COUNTY Commission Express Apr. 22, 2020 INSTRUCTIONS FOR COMPLETING THIS FORM from other states may be completed for document. Acknowledgment from other states may be completed for documents being sent to that stade as the wording does not require the California notary to violate California not law. State and County information must be the State and County where the documents also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his o commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time notarization. Indicate the correct singular or plural forms by crossing off incorrect forms he/shc/hey- is /are) or circling the correct forms. Failure to correctly indicate information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproduct impression must not cover text or lines. If seal impression smudges, re-sea sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on fite with the offit the county clerk. Additional information is not required but could help to ensure acknowledgment is not misused or attached to a different document. Additional information is not required by a counted for pages and forms and the proof attached document, number of pages and forms and the proof attached document and th	who proved to me on the basis of satis name(s) is/a/e subscribed to the within he/she/they executed the same in his/his/her/their signature(s) on the instrur which the person(s) acted, executed the I certify under PENALTY OF PERJUR the foregoing paragraph is true and comment of the foregoing paragraph is true and comment of the ADDITIONAL OPTIONAL INFORMATION OF THE ATTACHED DOCUMENT OF PERJURE Title or description of attached document) CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer Preparation of Attorney-in-Fact Trustee(s) Others

· Securely attach this document to the signed document with a staple.