

**2020-003634**

**Klamath County, Oregon**

**03/25/2020 03:41:53 PM**

**Fee: \$87.00**

After Recording, Return To:  
Quality Loan Service Corporation of Washington  
108 1st Ave South, Suite 202  
Seattle, WA 98104

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

**Grantor(s):** Rudolph N Bowman, Cheryn L Bowman  
**Beneficiary:** Reverse Mortgage Solutions, Inc.  
**Mortgage Servicer:** Reverse Mortgage Solutions, Inc.  
**Trustee:** Quality Loan Service Corporation of Washington  
**Trustee Sale Number:** OR-19-873755-RM  
**Property Address:** 2709 LAKESHORE DR., KLAMATH FALLS, OR 97601  
**DOT Rec. Instrument/Book/Page** Instrument No. 2012-007536

I, the undersigned, hereby declare that:

- (1) I am the **AUTHORIZED SIGNER** of **Reverse Mortgage Solutions, Inc.**
- (2) I certify that the Beneficiary and the Trustee as of this date are the Beneficiary and Trustee named above.
- (3) ☒ The Grantor(s) did not request a foreclosure avoidance measure, and has not been evaluated for any foreclosure avoidance measure.  
**OR**  
☐ The Grantor(s) did not provide the required documentation for a foreclosure avoidance measure; therefore, the review process was closed and the Grantor(s)'s eligibility could not be determined.  
**OR**  
☐ The Beneficiary sent a written notice to Grantor(s) explaining in plain language that:  
☐ The Grantor(s) [is/are] not eligible for a 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 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-19-873755-RM

Date: 3-24-2020

Reverse Mortgage Solutions, Inc.

Deneen Sowell  
Date: 3-24-2020

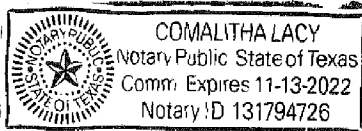
Name: Deneen Sowell

Title: Authorized Signer

STATE OF Texas )  
COUNTY OF Harris )

The foregoing instrument was subscribed and sworn to before me this 24 day of March,  
2020, by Deneen Sowell as  
Authorized Signer \_\_\_\_\_ for  
Reverse Mortgage Solutions, Inc. Said person is: personally known  
to me or produced sufficient identification in the form of \_\_\_\_\_.

{Insert Notary Seal}



Comalitha Lacy  
Printed Name: Comalitha Lacy  
Notary Public  
My Commission Expires: 11-13-22