

RECORDING COVER SHEET (Please print or type)

This cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, and does NOT affect the instrument. ORS 205.234

2022-013990**Klamath County, Oregon**

12/05/2022 03:15:01 PM

Fee: \$92.00

*This space reserved for use by
Recording Office*

After recording return to: ORS 205.234(1)(c)

ZBS Law, LLP

30 Corporate Park, Suite 450

Irvine, CA 92606

1. Title(s) of the transaction(s)

ORS 205.234(1)(a)

Beneficiary Exemption Affidavit

2. Direct party(ies) / grantor(s)

Name(s)

ORS 205.234(1)(b)

Advanced Housing Systems of OR

3. Indirect party(ies) / grantee(s)

Name(s)

ORS 205.234(1)(b)

TRI COUNTIES BANK

4. True and actual consideration:

ORS 205.234(1) Amount in dollars or other

\$

Other:

5. Send tax statements to:

ORS 205.234(1)(e)

TRI COUNTIES BANK

63 Constitution Dr.

Chico, CA 95973

6. Satisfaction of lien, order, or warrant:

ORS 205.234(1)(f)

☐

FULL

☐

PARTIAL

7. The amount of the monetary obligation imposed by the lien, order, or warrant:

ORS 205.234(1)(f)

\$

8. Previously recorded document reference:**9. If this instrument is being re-recorded complete the following statement:**

ORS 205.244(2)

"Rerecorded at the request of

to correct

previously recorded in book _____ and page _____, or as fee number _____."

After recording, return to:

**OREGON FORECLOSURE AVOIDANCE PROGRAM
BENEFICIARY EXEMPTION AFFIDAVIT**

Lender/Beneficiary:	Tri Counties Bank
Jurisdiction*	California

*If Lender/Beneficiary is not a natural person, provide the state or other jurisdiction in which the Lender/Beneficiary is organized.

I, Ron Scribner (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 ORS 86.726(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 2019 calendar year: 0 [not to exceed 30];
2. The undersigned further certifies that she/he: [check only one of the following boxes]
[] is the individual claiming exemption from requirements established under ORS 86.705 to 86.815, or
[X] is the Vice President [insert title] of the entity claiming exemption from requirements established under ORS 86.705 to 86.815 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 _____.

Notary Public for _____
My commission expires: _____

See Attached
D3

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)

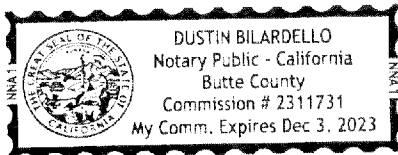
*Signature of Document Signer No. 1*_____
Signature of Document Signer No. 2 (if any)

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 BUTTE

Subscribed and sworn to (or affirmed) before me

on this 10th day of November, 2022,
by _____
Date Month Year(1) Ronald Scribner (Aka Ron)(and (2) _____),
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: _____