

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

2023-001178**Klamath County, Oregon****02/21/2023 11:57:02 AM****Fee: \$87.00**

*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)

Wilmington Savings Fund Society, FSB, D/B/A Christiana Trust as Trustee for PNPMS Trust IV

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)

Statebridge Company, LLC

6061 S. Willow Drive, Suite 300

Greenwood Village, CO 80111

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**

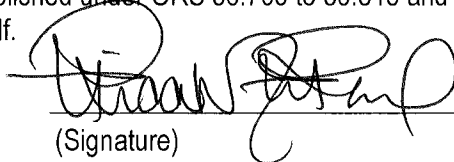
Lender/Beneficiary:	Wilmington Savings Fund Society, FSB, d/b/a Christiana Trust as Trustee for PNPMS Trust IV
Jurisdiction*	Delaware

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

I, Erica Medrano (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).

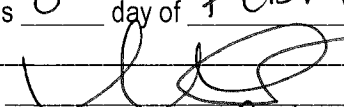
1. The above named individual or entity commenced or caused an affiliate or agent of the individual or entity to commence the following number of actions to foreclose a residential trust deed by advertisement and sale under ORS 86.752 or by suit under ORS 88.010 during the prior calendar year: 03 [not 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
☒ is the Default and Foreclosure Manager of the servicing agent [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 COLORADO)
) ss.

County of ARAPAHOE)

Signed and sworn to (or affirmed) before me this 8th day of February, 2023
by Erica Medrano


Notary Public for Colorado
My commission expires: 9/1/25

**MARINA CARDOZA
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20104010459
MY COMMISSION EXPIRES SEPT. 01, 2025**