

2023-001621**Klamath County, Oregon**

03/09/2023 03:47:01 PM

Fee: \$87.00

AFTER RECORDING, RETURN TO:

ZBS Law, LLP

5 Centerpointe Dr., Suite 400

Lake Oswego, OR 97035

AFFIDAVIT OF COMPLIANCE

With ORS § 86.748

Grantor(s):	JAIME E. SMITH
Beneficiary:	FLAGSTAR BANK, N.A.
Trustee:	ZBS Law, LLP
Property Address:	34410 JUNIPERWOOD PL CHILOQUIN, OREGON 97624-5709
Instrument Recording Number:	7/11/2018, as Instrument No. 2018-008278,
Legal Description:	LOT 28 IN BLOCK 31 OF TRACT 1184 - OREGON SHORES - UNIT 2, FIRST ADDITION, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON.
Trustee Sale Number:	23-64334

I, the undersigned, being duly sworn, hereby depose and say that:

1. I am a Bank Officer of Flagstar Bank FSB, who is the loan servicer for FLAGSTAR BANK, N.A., the current beneficiary of the above-referenced Deed of Trust.
2. Flagstar Bank FSB, on behalf of FLAGSTAR BANK, N.A., has determined that:
 - ☐ Grantor(s) was/were provided with written notice ("Notice") of the Beneficiary's foreclosure avoidance determination ("Determination") by mailing within 10 days of making said Determination. The Determination provided in the Notice was written in plain language.
 - ☒ Grantor(s) has/have not submitted a complete loss mitigation application with all required documentation for a Determination to be made. Therefore, Beneficiary is unable to make a Determination and the review process has been closed.
 - ☐ Grantor(s) has/have not requested a foreclosure avoidance measure after the implementation of ORS § 86.748 on August 4, 2013.

Affidavit of Compliance

TS Number: 23-64334

3. By the reason provided above, the Beneficiary has complied with the requirements of ORS § 86.748.

Dated: March 6, 2023

FLAGSTAR BANK, N.A.

By: 

Name: Michael Biesbrouck

Its: Bank Officer

State of Michigan
County of Oakland

On March 6, 2023 before me, Ka Sinwongsa Notary Public, personally appeared Michael Biesbrouck who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Michigan that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)
Ka Sinwongsa

October 1, 2028
(Commission Expiration)

KA SINWONGSA
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Oct 1, 2028
ACTING IN COUNTY OF **OAKLAND**