

Recording Requested By
First American Mortgage Solutions
AFTER RECORDING, RETURN TO:
ZBS Law, LLP
5 Centerpointe Dr., Suite 400
Lake Oswego, OR 97035

2023-004816
Klamath County, Oregon
06/22/2023 02:21:02 PM
Fee: \$92.00

AFFIDAVIT OF COMPLIANCE

With ORS § 86.748

Grantor(s):	BRIAN A BAKIE, MARY M BAKIE
Beneficiary:	U.S. Bank Trust National Association, as Trustee of the Brackenridge Mortgage Trust
Trustee:	ZBS Law, LLP
Property Address:	15314 PIONEER ROAD KLAMATH FALLS, OREGON 97601
Instrument Recording Number:	9/19/2001, in Book M01, Page 47499,
Legal Description:	Lot 3, Block 4, KLAMATH RIVER ACRES, in the County of Klamath, State of Oregon.
Trustee Sale Number:	23-64616

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

1. I am a Jessica Arnot of SN SERVICING CORPORATION, who is the loan servicer for U.S. Bank Trust National Association, as Trustee of the Brackenridge Mortgage Trust, the current beneficiary of the above-referenced Deed of Trust.
2. SN SERVICING CORPORATION, on behalf of U.S. Bank Trust National Association, as Trustee of the Brackenridge Mortgage Trust, 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: 23-64616

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

Dated: 6/16/23

U.S. Bank Trust National Association, as
Trustee of the Brackenridge Mortgage Trust

By: [Signature]

Name: Jessica Arnot

Its: Asset Manager

State of _____

County of _____

On _____ before me, _____ Notary Public, personally
appeared _____ **Please see the attached California notarial certificate.**
satisfactory evidence that the person(s) whose name(s) is/are subscribed to the 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. **Thank you.**

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the
foregoing paragraph is true and correct. **Please see the attached California notarial certificate.**

WITNESS my hand and official seal.

Signature _____ (Seal)

Please see the attached California notarial certificate.
Thank you.

(Commission Expiration)

Please see the attached California notarial certificate.
Thank you.

CALIFORNIA 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 California)

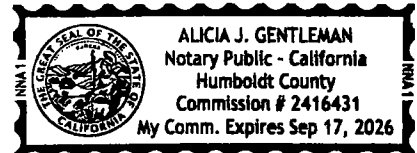
County of Humboldt)

On June 16th, 2023 before me, Alicia J. Gentleman, Notary Public,
(here insert name and title of the officer)

personally appeared Jessica Arnot

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 California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

Signature

[Signature]
Comm. Expires: SEP 17, 2026

(Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Affidavit of Compliance

containing 3 pages, and dated 6/16/2023

The signer(s) capacity or authority is/are as:

☒ Individual(s)

☐ Attorney-in-Fact

☐ Corporate Officer(s)

Title(s)

☐ Guardian/Conservator

☐ Partner - Limited/General

☐ Trustee(s)

☐ Other:

representing:

Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:

☒ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # 24 Entry # 9

Notary contact: 707-476-2759

Other

☐ Additional Signer(s)

☒ Signer(s) Thumbprint(s)

☐