2023-006053

Klamath County, Oregon

07/21/2023 08:36:02 AM

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):	NICHOLAS W. BARKER	
Beneficiary:	NewRez LLC d/b/a Shellpoint Mortgage Servicing	
Trustee:	ZBS Law, LLP	
Property Address:	150331 THATCHER RD	
	LA PINE, OREGON 97739-9323	
Instrument Recording Number:	6/29/2021, as Instrument No. 2021-010140,	
Legal Description:	LOT 3, BLOCK 2, NEW PINE ACRES, ACCORDING TO	
_	THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE	
	OF THE COUNTY CLERK OF KLAMATH COUNTY,	
	OREGON.	
Trustee Sale Number:	23-65388	

I, the undersigned, being duly sworn, hereby depose and say that: __ of NewRez LLC, F/K/A New Penn 1. I am a Loss Mitigation Specialist Financial, LLC, D/B/A Shellpoint Mortgage Servicing, the current beneficiary of the abovereferenced Deed of Trust. 2. NewRez LLC, F/K/A New Penn Financial, LLC, D/B/A Shellpoint Mortgage Servicing, 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 X ORS § 86.748 on August 4, 2013.

Affidavit of Compliance

TS Number: 23-65388

3. By the reason provided above, the Beneficiary has co	omplied with the requirements of ORS § 86.748.
Dated:	NewRez LLC d/b/a Shellpoint Mortgage Servicing By:
	Name: Alfonso Ramirez
	Its: Loss Mitigation Specialist
State of Texas County of Harris	
On 7-17-2023 before me, Alex Decharinte appeared Alfonso Ramirez satisfactory evidence to be the person(s) whose name(s) acknowledged to me that he/she/they executed the same by his/her/their signature(s) on the instrument the person person(s) acted, executed the instrument.	who proved to me on the basis of is/are subscribed to the within instrument and in his/her/their authorized capacity(ies), and that
I certify under PENALTY OF PERJURY under the laws foregoing paragraph is true and correct.	s of the State of that the
WITNESS my hand and official seal.	
Signature (Seal) March 04, 2026 (Commission Expiration)	ALEX DECHARINTE Notary ID #133626110 My Commission Expires March 4, 2026