2023-008259

Klamath County, Oregon

09/21/2023 09:19:02 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):	SONDRA N. HAMILTON	
Beneficiary:	NewRez LLC d/b/a Shellpoint Mortgage Servicing	
Trustee:	ZBS Law, LLP	
Property Address:	11435 HILL RD	
	KLAMATH FALLS, OREGON 97603	
Instrument Recording Number:	10/30/2020, as Instrument No. 2020-014112,	
Legal Description:	PARCEL 1 OF LAND PARTITION 63-00, BEING A	
	PORTION OF LOT 7 BLOCK 1 OF TRACT 1109, CHALET	
	VISTA (PARCEL 2 OF MLP NO. 8-87), SITUTATED IN THE	
	SE1/4 SW1/4 OF SECTION 32, TOWNSHIP 39 SOUTH,	
	RANGE 10 EAST OF THE WILLAMETTE MERIDIAN,	
	KLAMATH COUNTY, OREGON.	
Trustee Sale Number:	mber: 23-65959	

1.	1 am a Alfonso Ramirez of NewRez LLC, F/K/A New Penn Financial, LLC, D/B/A Shellpoint Mortgage Servicing, the current beneficiary of the above-referenced 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 ORS § 86.748 on August 4, 2013.

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

Affidavit of Compliance

TS Number: 23-65959

Dated: 9-15-2023	NewRez LLC d/b/a Shellpoint Mortgage Servicing By:
	Name: Alfonso Ramirez
	Its: Loss Mitigation Specialist
State of Texas County of Harris	
acknowledged to me that he/she/they executed	Notary Public, personally who proved to me on the basis of e name(s) is/are subscribed to the within instrument and the same in his/her/their authorized capacity(ies), and that the person(s), or the entity upon behalf of which the
I certify under PENALTY OF PERJURY under foregoing paragraph is true and correct.	er the laws of the State ofthat the
WITNESS my hand and official seal.	•
Signature(Sea	
March 04, 2026 (Commission Expiration)	ALEX DECHARINTE Notary ID #133626110 My Commission Expires March 4, 2026