

2023-009111

Klamath County, Oregon

10/23/2023 10:52:01 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):	JACOB AARON
Beneficiary:	Freedom Mortgage Corporation
Trustee:	ZBS Law, LLP
Property Address:	10757 PREDDY AVE KLAMATH FALLS, OR 97603
Instrument Recording Number:	12/3/2021, as Instrument No. 2021-017952,
Legal Description:	UNIT 10757 (PREDDY AVENUE), TRACT 1365, FALCON HEIGHTS CONDOMINIUMS STAGE 2, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.
Trustee Sale Number:	23-66341

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

1. I am a Supervisor of Freedom Mortgage Corporation, the current beneficiary of the above-referenced Deed of Trust.
2. Freedom Mortgage Corporation, 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: 23-66341

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

Dated: 10/11/23

Freedom Mortgage Corporation

By: Albert Pereda

Name: Alberto Pereda

Its: Supervisor

State of Indiana

County of Hamilton

On 10-11-2023 before me, Charles Lemons Notary Public, personally appeared Alberto Pereda 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 Indiana that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Chle 2 (Seal)

02/26/2031
(Commission Expiration)

