

2023-010666

Klamath County, Oregon



00323053202300106660020028

12/13/2023 03:52:53 PM

Fee: \$87.00

After recording, return to:

Nathan J. Ratliff
620 Main Street
Klamath Falls, OR 97601


**OREGON FORECLOSURE AVOIDANCE PROGRAM
BENFICIARY EXEMPTION AFFIDAVIT**

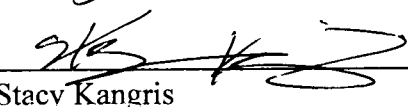
Lender/Beneficiary: Cory Kangris, Stacy Kangris

Jurisdiction: N/A

We, Cory Kangris and Stacy Kangris, being first duly sworn, depose and state that:
This affidavit is submitted for a claim of exemption to the Office of the Oregon Attorney General
under ORS 86.726 (1)(b).

1. The above-named individual or entity commenced or caused an affiliate or agent of the individual or entity to commence the following number of actions to foreclose a residential trust deed by advertisement and sale under ORS 86.752 or by suit under ORS 88.010 during the prior calendar year: 1 [not to exceed 30];
2. The undersigned further certifies that he/she/they:
[☒] are the individual(s) claiming exemption from requirements established under ORS 86.705 to 86.815, or;
[☐] is the _____ of the entity claiming exemption from requirements established under ORS 86.705 to 86.815 and is authorized by such entity to execute this affidavit on its behalf.

 11-08-2023
Cory Kangris

 11/08/2023
Stacy Kangris

State of _____ }
County of _____ } ss.

Signed and sworn to (or affirmed) before me this _____ day of _____, 2023
by _____.

See attached Calif Jurat
08-11-2023
[Signature]

Notary Public for _____
Commission Expires: _____

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

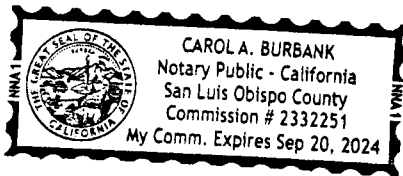
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Luis Obispo

Subscribed and sworn to (or affirmed) before me on

this 8th day of November, 2023, by
Date Month Year



(1) CORY KANGRIS

(and (2) STACY KANGRIS),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Carol A. Burbank, Notary Public
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document Oregon Foreclosure Avoidance Program

Document Date: Beneficiary Exemption Affidavit Number of Pages: _____

Signer(s) Other Than Named Above: _____