

**RECORDING COVER SHEET** (Please print or type)  
This cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, and does NOT affect the instrument. ORS 205.234

*This space reserved for use by  
Recording Office*

**After recording return to:** ORS 205.234(1)(c)  
ZBS Law, LLP  
30 Corporate Park, Suite 450  
Irvine, CA 92606

**1. Title(s) of the transaction(s)** ORS 205.234(1)(a)  
CERTIFICATE OF COMPLIANCE

**2. Direct party(ies) / grantor(s)** Name(s) ORS 205.234(1)(b)  
CHARLES COCKRELL

**3. Indirect party(ies) / grantee(s)** Name(s) ORS 205.234(1)(b)  
NEWREZ LLC d/b/a SHELLPOINT MORTGAGE SERVICING

**4. True and actual consideration:**  
ORS 205.234(1) Amount in dollars or other  
\$ \_\_\_\_\_  
Other: \_\_\_\_\_

**5. Send tax statements to:** ORS 205.234(1)(e)  
\_\_\_\_\_  
\_\_\_\_\_

**6. Satisfaction of lien, order, or warrant:**  
ORS 205.234(1)(f)  
 FULL  PARTIAL

**7. The amount of the monetary obligation imposed by the lien, order, or warrant:** ORS 205.234(1)(f)  
\$ \_\_\_\_\_

**8. Previously recorded document reference:** \_\_\_\_\_

**9. If this instrument is being re-recorded complete the following statement:** ORS 205.244(2)  
"Rerecorded at the request of \_\_\_\_\_  
to correct \_\_\_\_\_  
previously recorded in book \_\_\_\_\_ and page \_\_\_\_\_, or as fee number \_\_\_\_\_."



**CERTIFICATE OF COMPLIANCE  
STATE OF OREGON  
FORECLOSURE AVOIDANCE PROGRAM**

**AFTER RECORDING RETURN TO:**

Danielle Treadwell  
For ZBS Law, LLP, For Shellpoint Mortgage Servicing  
5 Centerpointe Dr.  
Suite 400  
Lake Oswego, OR 97035

5/21/2024

<b>Grantor:</b>	CHARLES COCKRELL
<b>Beneficiary:</b>	NewRez LLC d/b/a Shellpoint Mortgage Servicing
<b>Property Address:</b>	5545 STURDIVANT AVE KLAMATH FALLS, OR 97603
<b>Instrument / Recording No. Date / County</b>	Instrument Number: 8917179 Recording Number: 2021005973 Loan Number: [REDACTED] Recording date: 4/2/2021 County: Klamath
<b>Case Number</b>	BI-240402-7005

1. The Service Provider hereby certifies that:

- The beneficiary and/or its agent complied with the requirements of ORS 86.726, 86.729 and 86.732; or
- The grantor did not pay the required fee by the deadline.

2. On this date, I mailed the original certificate to the beneficiary and provided a copy to the grantor and the Attorney General electronically or by mail.

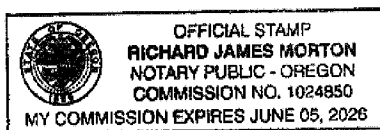
DATED this 21 day of May, 2024.

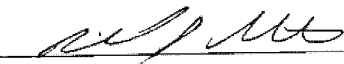
  
\_\_\_\_\_  
Authorized Representative, Oregon Foreclosure Avoidance Program

STATE OF OREGON       )  
                                          ) ss.  
County of Multnomah    )

The foregoing instrument was acknowledged before me on May 21<sup>st</sup>, 2024, by Jesse Cl. At [Print Name]

as an Authorized Representative of the Oregon Foreclosure Avoidance Program Service Provider, Mediation Case Manager.



  
\_\_\_\_\_  
Notary Public - State of Oregon  
My Commission Expires: 6/5/26