

**2024-009578**

**Klamath County, Oregon**

**11/01/2024 12:27:01 PM**

**Fee: \$87.00**

**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, ORS 205.234, and does NOT affect the instrument.

**AFTER RECORDING RETURN TO:**

ServiceLink, A Black Knight Financial Services Company  
320 Commerce, Suite 100  
Irvine, CA 92602

**TITLE(S) OF THE TRANSACTIONS(S) ORS 205.234(a): CERTIFICATE OF COMPLIANCE Document printed**

**Deed of trust recorded:** 12/6/2019 as instrument # 2019-014178

**DIRECT PARTY / GRANTOR(S) ORS 205.125(1)(b) AND 205.160:**

PennyMac Loan Services, LLC 3043 Townsgate Rd, Suite 200 Westlake Village, CA 91361

**INDIRECT PARTY/GRANTEE(S) ORS 205.125(1)(a) and 205.160:**

JESSE SCOTT KOHLER 138223 HILLCREST ST GILCHRIST, OR 97737



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

**AFTER RECORDING RETURN TO:**  
Aldridge Pite General Account  
For Aldridge Pite, LLP, For Penny Mac Loan Services LLC  
3333 Camino del Rio South Suite 225  
San Diego, CA 92108

10/22/2024

<b>Grantor:</b>	Jesse Scott Kohler
<b>Beneficiary:</b>	PENNYMAC LOAN SERVICES, LLC
<b>Property Address:</b>	138223 Hillcrest St Gilchrist, OR 97737
<b>Instrument / Recording No. Date / County</b>	Instrument Number: 2019-014178 Recording Number: 2019-014178 Loan Number: [REDACTED] 9635 Recording date: 12/6/2019 County: Klamath
<b>Case Number</b>	BI-240823-130

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.

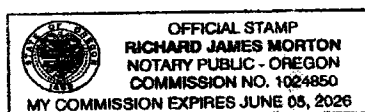
2. On this date, I mailed the original certificate to the beneficiary and provided a copy to the grantor and the Attorney General electronically or by mail.

DATED this 22 day of October, 2024. [Signature]  
Authorized Representative, Oregon Foreclosure Avoidance Program

STATE OF OREGON       )  
                                      ) ss.  
County of Multnomah    )

The foregoing instrument was acknowledged before me on October 22<sup>nd</sup>, 2024, by Jesse Cliff  
[Print Name]

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



[Signature]  
Notary Public - State of Oregon  
My Commission Expires: 6/5/26

Form 670 V7/01/24