RECORDING COVER SHEET (Please print or type) This cover sheet was prepared by the person presenti instrument for recording. The information on this shee reflection of the attached instrument and was added for purpose of meeting first page recording requirements of Oregon, and does NOT affect the instrument.	ng the et is a or the		2025-001001 Klamath County, Oregon 02/13/2025 02:04:01 PM Fee: \$87.00	
After recording return to: ORS 2	05.234(1)(c)	This space rese Recordir	• •	
ZBS Law, LLP				
30 Corporate Park, Suite 450				
Irvine, CA 92606				
1. Title(s) of the transaction(s)			ORS 205.234(1)(a)	
Beneficiary Exemption Affidavit				
2. Direct party(ies) / grantor(s)	Name(s)		ORS 205.234(1)(b)	
Advanced Housing Systems of OR				
3. Indirect party(ies) / grantee(s) Village Capital & Investment LLC	Name(s)		ORS 205.234(1)(b)	
4. True and actual consideration: ORS 205.234(1) Amount in dollars or other	5. Send t	ax statements to:	ORS 205.234(1)(e)	
\$	Village C	Capital & Investment LLC		
Other:	2460 Pa	2460 Paseo Verde Parkway Ste 110		
	Henders			
6. Satisfaction of lien, order, or warrant: ORS 205.234(1)(f)	by the	nount of the moneta lien, order, or warra	ry obligation imposed nt: ORS 205.234(1)(f)	
FULL PARTIAL	\$			
8. Previously recorded document reference:				
9. If this instrument is being re-recorded con "Rerecorded at the request of	-	llowing statement:	ORS 205.244(2)	
to correct				
previously recorded in book and p	age	, or as fee number		

After recording, return to:

State of NUVade

11.12

) ss.

OREGON FORECLOSURE AVOIDANCE PROGRAM BENEFICIARY EXEMPTION AFFIDAVIT

Lender/Beneficiary:	Village Capital & Investment LLC
Jurisdiction*	Delaware

*If Lender/Beneficiary is not a natural person, provide the state or other jurisdiction in which the Lender/Beneficiary is organized.

I, ROBY RULT - LOW (printed name) being first duly sworn, depose, and state that:

This affidavit is submitted for a claim of exemption to the Office of the Attorney General of Oregon under ORS 86.726(1)(b).

- 2. The undersigned further certifies that she/he: [check only one of the following boxes]
 [___] is the individual claiming exemption from requirements established under ORS 86.705 to 86.815, or
 [_Y__] is the Director of Survium (Director) [insert title] 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.

County of UIIC)	<u>k</u>		
Signed and sworn to (or affirmed) before me th	is 11 day of Flon	uary	_ JOZS
by RODY RUSH- (May)		n	_ •
	Patinilla 12/1	N	
	Notary Public for Clar	K Counti	1 Newada
	My commission expires:	3/17/20	z6

