

2025-001184 Klamath County, Oregon 02/20/2025 02:15:01 PM Fee: \$92.00

After recording, return to: Deborah K. Vincent P.O. Box 4606 Medford, Oregon 97501

OREGON FORECLOSURE AVOIDANCE PROGRAM BENEFICIARY EXEMPTION AFFIDAVIT

Lender	/Beneficiary:	Bruce Robert Whiteaker and Cathleen Eugenie Whiteaker, Trustees of the Bruce and Cathleen Whiteaker Living
Jur	isdiction*	Trust dated March 28, 2016,

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

We, Bruce Robert Whiteaker and Cathleen Eugenie Whiteaker (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).

- 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: ____ [not to exceed 301;
- 2. The undersigned further certifies that she/he: [check only one of the following boxes] [x] is the individual claiming exemption from requirements established under ORS 86.705 to 86.815, or [___] is the _ [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.

theen E Whiteaker Trustee truste Signature) State of California SS. County of San Luis Obispo Signed and sworn to (or affirmed) before me this _ ____ day of _____ , 2025 by and ATTICHED

Notary Public for

My commission expires: _____

JURAT

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 <u>San Luis Obispo</u>	5.	
Subscribed and sworn to (or affirmed) before me on	this 3 day of January, 20 2	<u>5</u> , bj
Bruce Robert Whiteaker & Cuthleen Eugen	white aler broved to me on the basis of satisfactory evi	idenci
to be the person(s) who appeared before me.		
LEAH BUSCHO		
SAN LUIS OBISPO COUNTY MY COMM. EXP. JULY 9, 2028		
My COMM. EXP. JULY 9, 2028	NOTARY'S SIGNATURE	
PLACE NOTARY SEAL IN ABOVE SPACE	FORMATION	ıment
PLACE NOTARY SEALIN ABOVE SPACE PLACE NOTARY SEALIN ABOVE SPACE OPTIONAL IN The information below is optional. However, it may pu of this form to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL)	FORMATION	
PLACE NOTARY SEALIN ABOVE SPACE PLACE NOTARY SEALIN ABOVE SPACE OPTIONAL IN The information below is optional. However, it may pr of this form to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER	FORMATION FORMATION ove valuable and could prevent fraudulent attach	T
PLACE NOTARY SEALIN ABOVE SPACE PLACE NOTARY SEALIN ABOVE SPACE OPTIONAL IN The information below is optional. However, it may pro- of this form to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL	FORMATION ove valuable and could prevent fraudulent attach DESCRIPTION OF ATTACHED DOCUMEN BENEFICIALY EXEMPTION AFFICAT TITLE OR TYPE OF DOCUMENT	T
PLACE NOTARY SEAL IN ABOVE SPACE PLACE NOTARY SEAL IN ABOVE SPACE PLACE NOTARY SEAL IN ABOVE SPACE OPTIONAL IN CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER PARTNER(S) TITLE(S) ATTORNEY-IN-FACT TRUSTEE(S)	FORMATION ove valuable and could prevent fraudulent attach DESCRIPTION OF ATTACHED DOCUMEN Beneficiary Exemption Affica TITLEOR TYPE OF DOCUMENT L page of attachment NUMBER OF PAGES	T
PLACE NOTARY SEALIN ABOVE SPACE PLACE NOTARY SEALIN ABOVE SPACE PLACE NOTARY SEALIN ABOVE SPACE OPTIONAL IN The information below is optional. However, it may profit this form to an unauthorized document. CAPACITY CLAIMED BY SIGNER (PRINCIPAL) INDIVIDUAL CORPORATE OFFICER PARTNER(S) TITLE(S) ATTORNEY-IN-FACT	FORMATION ove valuable and could prevent fraudulent attach DESCRIPTION OF ATTACHED DOCUMEN BENEFICIALY EXEMPTION AFFICAT TITLE OR TYPE OF DOCUMENT	T
PLACE NOTARY SEAL IN ABOVE SPACE PLACE	FORMATION ove valuable and could prevent fraudulent attach DESCRIPTION OF ATTACHED DOCUMEN Beneficiang Exemption Affican TITLEOR TYPE OF DOCUMENT <u>L page v/ attachment</u> NUMBER OF PAGES 1/3/125 DATE OF DOCUMENT	T
PLACE NOTARY SEAL IN ABOVE SPACE PLACE	FORMATION ove valuable and could prevent fraudulent attach DESCRIPTION OF ATTACHED DOCUMEN Beneficiary Exemption Affica TITLEOR TYPE OF DOCUMENT L page of attachment NUMBER OF PAGES	T

;

STATE OF OREGON)) ss. COUNTY OF JACKSON)

I, Deborah K. Vincent, Successor Trustee, being first duly sworn, depose and say:

1. The attached Beneficiary Exemption Affidavit(s) are true and correct copies of the Oregon Foreclosure Avoidance Program Beneficiary Exemption Affidavits that were filed with the Office of the Attorney General of Oregon on January 31, 2025 on behalf of Bruce Robert Whiteaker and Cathleen Eugenie Whiteaker, Trustees of the Bruce and Cathleen Whiteaker Living Trust dated March 28, 2016, pursuant to ORS 86.726(1)(b) and OAR 137-110-0300.

Successor Trustee

Signed and sworn to before me on <u>Flobran</u> 19th 2025 by Deborah K. Vincent, Successor Trustee.



Notary Public for Oregon My Commission Expires: <u>May 7, 2</u>028