2025-001922

Klamath County, Oregon 03/18/2025 11:39:01 AM

Fee: \$97.00

AFTER RECORDING, RETURN TO: ZBS Law, LLP One World Trade Center 121 Southwest Salmon Street, 11th Floor Portland, OR 97204

Grantor(s):

Beneficiary:

Trustee:

AFFIDAVIT OF COMPLIANCE

With ORS § 86.748

ZBS Law, LLP

TENANTS BY THE ENTIRETY
Freedom Mortgage Corporation

JENELLE DAWN LADD AND DANIEL WAYNE LADD, AS

T	
Property Address:	6660 SHASTA WAY
	KLAMATH FALLS, OR 97603
Instrument Recording Nu	mber: 11/13/2019, as Instrument No. 2019-013240, The subject Deed
	of Trust was modified by Loan Modification Agreement
	recorded as Instrument 2021-008839 and recorded on
	06/04/2021 and further modified by Loan Modification
	Agreement recorded as Instrument 2023-002901 and recorded
	on 04/19/2023.
Legal Description:	LOT 2, BLOCK 11, FOURTH ADDITION TO WINEMA
	GARDENS, ACCORDING TO THE OFFICIAL PLAT
	THEREOF ON FILE IN THE OFFICE OF THE COUNTY
	CLERK, KLAMATH COUNTY, OREGON.
Trustee Sale Number:	25-73240
•	ally sworn, hereby depose and say that:
1. I am a Mediation S	
I am a Mediation S current beneficiary of t	upervisor of Freedom Mortgage Corporation, the
 I am a Mediation S current beneficiary of t Freedom Mortgage Co Grantor(s) was/were avoidance determina 	upervisor of Freedom Mortgage Corporation, the he above-referenced Deed of Trust.
 I am a Mediation S current beneficiary of the current benefici	of Freedom Mortgage Corporation, the he above-referenced Deed of Trust. rporation, has determined that (please check the applicable box): provided with written notice ("Notice") of the Beneficiary's foreclosure tion ("Determination") by mailing within 10 days of making said

TS Number: 25-73240

3. By the reason provided above, the Beneficiary has	s complied with the requirements of ORS § 86.748.
Dated: 03/12/2025	Freedom Mortgage Corporation By: Olland Renda
	Name: Alberto Pereda
	Its: Mediation Supervisor
State of Indians County of Hamilton On 3-12-2025 before me, Charles appeared Alberto Pereda satisfactory evidence to be the person(s) whose name acknowledged to me that he/she/they executed the sar by his/her/their signature(s) on the instrument the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the la foregoing paragraph is true and correct.	ne in his/her/their authorized capacity(ies), and that son(s), or the entity upon behalf of which the
WITNESS my hand and official seal. Signature (Seal) (Our Delay of Commission Expiration)	CHARLES LEMONS Notary Public - Seal Hamilton County - State of Indiana Commission Number NP0747157 My Commission Expires Feb 26, 2031