RECORDING COVER SHEET PER ORS 205.234

THIS COVER SHEET HAS BEEN PREPARED BY THE PERSON PRESENTING THE ATTACHED INSTRUMENT FOR RECORDING. ANY ERRORS IN THIS COVER SHEET <u>DOES NOT</u> AFFECT THE TRANSACTION(S) CONTAINED IN THE INSTRUMENT ITSELF.

AFTER RECORDING RETURN TO:

McCarthy & Holthus c/o Mediation Dept. 920 SW 3rd Ave. 1st Floor Portland, OR 97204

M&H File #: OR-25-1018380-RM

1. TITLE OF THE TRANSACTION (ORS 205.234a) Certificate of Compliance, Recorded Pursuant to 86.752(4)(a)

2. Beneficiary and Address

Metropolitan Life Insurance Company

1601 LBJ Freeway Suite 150 Farmers Branch TX

3. Direct Party/Grantor(s) and Address:

Oregon Foreclosure Avoidance Program 4011 NE Hancock Street Portland, Oregon 97212

3. Indirect Party/Grantee(s)/Plaintiff and Address: (ORS 205.1251a and 205.160)

LYNN STILLMAN

3520 HOLBROOK ST, KLAMATH FALLS, OR 97601

2025-007817

Klamath County, Oregon

09/03/2025 08:28:02 AM

Fee: \$92.00



Grantor:

Beneficiary:

CERTIFICATE OF COMPLIANCE STATE OF OREGON FORECLOSURE AVOIDANCE PROGRAM

AFTER RECORDING RETURN TO:

OFFICIAL STAMP RICHARD JAMES MORTON

NOTARY PUBLIC - OREGON COMMISSION NO. 1024850

MY COMMISSION EXPIRES JUNE 05, 2026

OR Mediation Intake For McCarthy & Holthus, LLP, For Fay Servicing, LLC 920 SW 3rd Avenue 1st Floor Portland, OR 97204

LYNN STILLMAN

Metropolitan Life Insurance Company

8/26/2025

Property Address:	3520 HOLBROOK ST KLAMATH FALLS, OR 97601
Instrument / Recording No. Date / County	Instrument Number: 2008-010198 Recording Number: 2008-010198 Loan Number: Recording date: 7/16/2008 County: Klamath
Case Number	BI-250707-2164
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 26 day of 49.44, 20.25 Authorized Representative, Oregon Foreclosure Avoidance Program STATE OF OREGON) ss. County of Multnomah The foregoing instrument was acknowledged before me on 4 may 12.44, 20.25, by 10.55 c. [Print Name] as an Authorized Representative of the Oregon Foreclosure Avoidance Program Service Provider, Mediation Case Manager.	
as an Authorized Representative of the Oregon Foreclosure Avoidance Program Service Provider, Mediation Case Manager.	
	o: 11 MA

Notary Public - State of Oregon

My Commission Expires: 6/5/26