

AFTER RECORDING RETURN TO:



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

Grantor:	
Beneficiary:	
Property Address:	
Instrument / Recording No. Date / County	
Case Number	

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 _____ day of _____, 20____.

Compliance Officer, Oregon Foreclosure Avoidance Program

STATE OF OREGON)
) ss.
County of Multnomah)

The foregoing instrument was acknowledged before me on _____, 20____, by _____
as Compliance Officer of Mediation Case Manager. [Print Name]

Notary Public - State of Oregon
My Commission Expires: