



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

MailTo Beneficiary Name
BeneAddress1
BeneAddress2
BeneficiaryCityStateZip

Print Date

Grantor:	GrantorName
Beneficiary:	BeneficiaryName
Property Address:	PropertyAddress
Instrument/Recording No. Date and County	
Case Number	

1. The Service Provider hereby certifies that:

The beneficiary and/or its agent complied with the requirements of Oregon Laws 2013, Chapter 304, sections 2, 3, and 4;
or

The grantor did not pay the required fee by the date the fee was due.

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__.

Program Coordinator, Oregon Foreclosure Avoidance Program

STATE OF OREGON)
) ss.
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____.

Notary Public for Oregon
My Commission Expires: