



**NOTICE: NO CERTIFICATE OF
COMPLIANCE WILL BE ISSUED
STATE OF OREGON
FORECLOSURE AVOIDANCE PROGRAM**

MailTo Beneficiary Name
BeneAddress1
BeneAddress2
BeneficiaryCityStateZip

Print Date

| | |
|-----------------------------------|------------------------------------|
| Grantor: | GrantorName |
| Beneficiary: | BeneficiaryName |
| Property Address: | PropertyAddress |
| Instrument / Recording No. | InstrumentNumber / RecordingNumber |
| Date / County | RecordingDate / RecordingCounty |
| Case Number | CaseNumber |

1. The Service Provider hereby certifies that the beneficiary and/or its agent did not comply with SB 558, sections 2, 3, and 4 as follows:

- Did not appear in person at, or did not send an agent in person to, the resolution conference with complete authority to negotiate on the beneficiary's behalf and commit the beneficiary to a foreclosure avoidance measure or, if the beneficiary or agent did not have complete authority, did not provide the participation by remote communication of a person with complete authority to negotiate on the beneficiary's behalf and commit the beneficiary to a foreclosure avoidance measure;
- Did not submit the materials required under section 3 (4) of this 2013 Act to the service Provider;
- Did not sign a document that sets forth the terms of any foreclosure avoidance measure to which the beneficiary and grantor agreed, if any; or
- Otherwise did not comply with SB 558, sections 2, 3, and 4 in the following way:

2. On this date I mailed this original notice to the beneficiary and provided a copy to the grantor and the Attorney General electronically or by mail.

(Signature)

(Printed name)

Date

