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OREGON FORECLOSURE AVOIDANCE PROGRAM

BENEFICIARY EXEMPTION AFFIDAVIT

Lender/Beneficiary:	
Jurisdiction*	

*If Lender/Beneficiary is not a natural person, provide the state or other jurisdiction in which the Lender/Beneficiary is organized.

I, _____ (printed name) being first duly sworn, depose, and state that:

This affidavit is submitted for a claim of exemption to the Office of the Attorney General of Oregon under ORS 86.726(1)(b).

1. The above named individual or entity commenced or caused an affiliate or agent of the individual or entity to commence the following number of actions to foreclose a residential trust deed by advertisement and sale under ORS 86.752 or by suit under ORS 88.010 during the prior calendar year: _____[*not to exceed 30]*;

2. The undersigned further certifies that she/he: *[check only one of the following boxes]*
   [___] is the individual claiming exemption from requirements established under ORS 86.705 to 86.815, or
   [___] is the _____ *[insert title]* of the entity claiming exemption from requirements established under ORS 86.705 to 86.815 and is authorized by such entity to execute this affidavit on its behalf.

_____
(Signature)

State of _____)
) ss.
County of _____)

Signed and sworn to (or affirmed) before me this _____ day of _____ , _____
by _____ .

_____
Notary Public for _____
My commission expires: _____