



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

MailTo Beneficiary Name  
BeneAddress1  
BeneAddress2  
BeneficiaryCityStateZip

Print Date

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

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:



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

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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 following 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 the original notice to the beneficiary and provided a copy to the grantor and the Attorney General electronically or by mail.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
Date