<Financial Institution Letterhead>

<date>

Foreclosure Fairness Program Manager

Washington State Department of Commerce

Community Services and Housing Division

1011 Plum Street SE

PO Box 42525

Olympia, WA 98504-2525

**Federally Insured Depository Institution Certification under   
Washington State Foreclosure Fairness Act**

**2016 FEE EXEMPTION**

(Beginning July 1, 2016)

[**RCW 61.24**](http://apps.leg.wa.gov/rcw/default.aspx?cite=61.24)

I, **<name>**, hereby certify that I am the **<title>** of **<name of financial institution>**, and I further certify that:

1. **<name of financial institution>** is a federally insured depository institution as defined in 12 U.S.C. Sec. 461(b)(1)(A).
2. **<name of financial institution>** recorded, or directed a trustee or authorized agent to record, fewer than 50 notices of trustee’s sale on residential real properties in Washington State from January 1, 2015 to December 31, 2015, inclusive.

I declare under the penalty of perjury that the above statements are true and correct.

Dated this <date> day of <month>, 2016.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

<type email address here>

Email Address

<type telephone here>

Telephone