<Financial Institution Letterhead>

<date>

Foreclosure Fairness Program Manager

Washington State Department of Commerce

CSHD

1011 Plum Street SE

PO Box 42525

Olympia, WA 98504-2525

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

**2017 FORECLOSURE MEDIATION AND FEE EXEMPTIONS**

[**RCW 61.24.166**](http://apps.leg.wa.gov/rcw/default.aspx?cite=61.24.166) **and** [**RCW 61.24.173**](http://apps.leg.wa.gov/rcw/default.aspx?cite=61.24.173)

I, **<name>**, hereby certify that I am the **<title>** of **<name of financial institution>** (herein referred as “the Institution”), and I further certify that:

The Institution is a federally insured depository institution as defined in 12 U.S.C. Sec. 461(b)(1)(A).

The Institution was not a beneficiary of deeds of trust in more than **250** trustee sales of owner-occupied residential real property that occurred in Washington State during the **2016** calendar year.

The Institution issued, or directed a trustee or authorized agent to issue, fewer than **50** notices of trustee’s sale in Washington State during the **2016** calendar year.

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

Dated this <date> day of <month>, 2017.

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

Signature

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

Printed Name

<type email address here>

Email Address

<type telephone here>

Telephone