

FORECLOSURE COMPLAINT

TO: SORENSON VAN LEUVEN, PLLC.
FROM: _____
DATE: _____
ACCOUNT #: _____

Please initiate a foreclosure action against:

Defendant's Name: _____ Co-maker's Name, *if applicable*: _____

DOB: _____ SSN: _____ DOB: _____ SSN: _____

Current Phone #: _____ Current Phone #: _____

Current Service Address: _____ Current Service Address: _____

Current Mailing Address: _____ Current Mailing Address: _____

Address Where Property is Located: _____

County Where Property is Located: _____

Date Note & Mortgage Were Executed: _____

Mortgage Recording Information:

Date Recorded: _____ Book #: _____ Page #: _____ County: _____

Principal Balance Due: _____ Interest Rate: _____ Per Diem: _____

Accrued Interest: _____ Date of Last Payment: _____

Late Fees: _____ Date Payment Due for: _____

Amount Necessary to Cure Default: _____

Are you in possession of the Original Note? Yes No
Were there any written modifications of this loan? Yes No How many? _____
Past Due Taxes Yes No
Past Due Insurance Yes No

ATTACHMENTS REQUIRED:

- Copies of Note and Mortgage and any Modifications
- Current account status printout (account inquiry)
- Copies of Title Insurance Policy and/or title work performed prior to execution of Mortgage
- Copies of default letters sent