FORECLOSURE COMPLAINT

TO: SORENSON VAN LEUVEN, F	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:	
	nt Occupied by Renters Unknown
Property Type: Single Family Duplex	Condo Manufactured Home Other

Date Note & Mortgage Were Executed: Mortgage Recording Information:	
Date Recorded: Book #:	Page #: County:
Date of Last Payment: Dat	te 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 loa	· ————
Past Due Taxes Past Due Insurance	Yes No Yes No
mounts Owed:	
alances should be as of date of the last payment	t applied to the Loan:
Principal Balance Due:	Interest Rate: Per Diem: (Continued on page 2)

Late Fees:	Taxes:	
CPI:	_ Escrow Shortage:	
ate of last payment and thro	ugh the date of the Assignment Form:	
Taxes: Fo	orced Place Insurance/CPI:	
Property Inspections:	Property Preservation:	
Unapplied Bal	ance:	
	Taxes: For Unapplied Balecify):	age and any modifications

Copies of Title Insurance Policy and/or title work performed prior to execution of Mortgage Copies of default letters sent

Revised 12/21