

GEORGIA FORECLOSURE

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 Mailing Address: _____

Address Where Property is Located: _____

County Where Property is Located: _____

Occupancy Status: Owner Occupied Vacant Occupied by Renters Unknown

Property Type: Single Family Duplex Condo Manufactured Home Other

Date Note Was Executed: _____

Security Deed Recording Information:

Date Recorded: _____ County: _____

Date of Last Payment: _____ Date Payment Due for: _____

Amount Necessary to Cure Default: _____

Were there any written modifications of this loan? Yes No How many? _____
Past Due Taxes Yes No
Past Due Insurance Yes No

Amounts Owed:

Balances should be as of date of the last payment applied to the Loan:

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

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Accrued Interest: _____ Late Fees: _____ Taxes: _____

Forced Place Insurance/CPI: _____ Escrow Shortage: _____

Other (Please Specify): _____

Balances should be after date of last payment and through the date of the Assignment Form:

Late Fees: _____ Taxes: _____ Forced Place Insurance/CPI: _____

Escrow Shortage: _____ Property Inspections: _____ Property Preservation: _____

Skipped Payments: _____ Unapplied Balance: _____

Other Advances (Please Specify): _____

ATTACHMENTS REQUIRED:

Copies of Note and Security Deed and any modifications

Current Account Status Printout (account inquiry)

Copies of Title Insurance Policy and/or title work performed prior to execution of Security Deed

Copies of default letters sent

Revised 5/22