

TRUST DEED FORECLOSURE—ATTORNEY REFERRAL

TO: Monson Law Office P.C.
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If you need more space to fill in all information, attach a separate sheet with the information.

Part 1. Grantor Information

Grantor: _____ SSN: _____
DOB: _____
License State: _____ License Number: _____
Address: _____

Prior Bankruptcy Filing: No Yes If Yes, Chapter: 7 11 13
If Yes, Case Number: _____

Grantor: _____ SSN: _____
DOB: _____
License State: _____ License Number: _____
Address: _____

Prior Bankruptcy Filing: No Yes If Yes, Chapter: 7 11 13
If Yes, Case Number: _____

Part 2. Property and Account Information

Property Address: _____

Property is: Occupied Vacant Bare Land

Home: Single Family Multi-Family Commercial
Rental: No Yes If yes, estimated monthly income: \$ _____

Mobile Home on Property? No Yes If yes, attach copy of certificate of title
Estimated Fair Market Value: \$ _____
Source: _____
Appraisal Value: \$ _____
Date of Appraisal: _____
Account Number(s): _____

Part 3. Default Information

- Principal balance: \$ _____
- Interest to _____ (Date): \$ _____
- Interest Accrues from (Date): _____
- Current Interest Rate: _____ Is rate fixed or variable
- The Regular Monthly Payment is: \$ _____
- Due Date: _____
- Date of Last Payment: _____ (Attach full payment history)
- Date of 1st UNPAID installment: _____ (Date of Default)
- Unpaid Late Charges: \$ _____ (included in principal: Yes No)
- Unpaid NSF Fees: \$ _____ (included in principal: Yes No)
- Total Past Due through _____ (Date): \$ _____
- Other add ons or amounts owing: \$ _____ (included in principal: Yes No)
- Identify all add ons by date, amount and purpose: _____

Part 4. Tell us what else you think we should know (attach extra sheet if necessary)

Part 5. IMPORTANT DOCUMENTS YOU NEED TO ATTACH

- Application for loan (copy)
- Note and/or loan agreement (signed copy, front and back)
- Trust deed (recorded copy)
- Lender's policy at time of loan (copy)
- Certificate(s) of title (if mobile home account)
- Payment history

Part 6. Contact Information

Contact/Rep: _____
Phone No: _____
Address: _____

Fax No: _____
E-Mail: _____
Date: _____
By: _____