STATE OF NEVADA HOUSING DIVISION

Servicer's Foreclosure Recommendation and Request

Date: _____

1830 College Parkway, Ste 200 Carson City, NV 89706	
VIA FAC	CSIMILE TO: 775-687-4040
ATTENTION: Foreclosure Dept.	
loan, such efforts having been unsuccessful	the below named mortgagor(s) to cure the default under this mortgage l, the undersigned Servicer hereby recommends and requests that the er to commence and diligently pursue foreclosure of the mortgage loan
Servicer:	Mortgagor:
Address:	
	Address:
Phone:	
Fax:	NHD Loan #:
Contact:	Servicer's Loan #:
Descri	iption of Default
Interest paid to date	Covenant Default
Chronically delinquent(6 or more payments in 12 months)	Monetary Default
Comments:	

PLEASE NOTE

TO:

State of Nevada Housing Division

The original Note, MIC/Loan Guaranty Certificate, original Title Policy, original Deed of Trust and Assignment of Deed of Trust will be forwarded to you upon receipt by the Division of the original grant deed.

