

THIS FORM MUST BE FILED WITH THE PUBLIC TRUSTEE.

Intent To Cure

Date:

RE (Foreclosure Number):

Name:

Street Address:

City, State, Zip:

Phone Number:

To Whom It May Concern:

Please let this serve as written notice of intent to cure my loan with _____ (lender).

I am requesting that the Public Trustee's Office obtain a written statement of the amount necessary to cure. I understand that I must bring in cash or certified funds by noon on the day before the scheduled sale date in order to cure this loan.

Sincerely,

(Original Signature of Owner or Grantor Required)

Authorization:

If a third party such as a lender or title company needs to have a copy of the cure figures, please provide the following information:

Company:

Name:

Address:

Phone:

Fax:

Forwarding Address:

If you are selling your home or if you do not live at the address of the property in foreclosure, please provide a forwarding address and phone number in the event that we need to refund funds to you:

Name:

Address:

Phone Number: