

REQUEST TO START FORECLOSURE (CALIFORNIA)

and retain FCI as Authorized Agent

Lean #:		⊖ St	tart compliance (civil co	de 2923.5)(Include \$	300 check per loan)	○ Start Foreclosure
1. Enclosed are the following loan documents: Other 2. Loan Type: O FHLMC FNMA VA CONVENTIONAL 3. Unpaid Principal Balance: Current Interest Rate:	Lo	oan #:	Date:		Borrower's Name:	
2. Loan Type: C FHLMC C FNMA C VA C CONVENTIONAL 3. Unpaid Principal Balance: Current Interest Paid-to-Date: Monthly Impound: Late Charge in the amount of will be due days after the installment due date. 4. Default exists because of the following: Failure to pay the installment of principal and interest which became due and all subsequent installments thereof. 5. Maturity Date of Note: Date Demand Letter was sent:						
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Current Loan Payment: Interest Paid-to-Date: Monthly Impound: Late Charge in the amount of will be due days after the installment due date. 4. Default exists because of the following: Failure to pay the installment of principal and interest which became due and all subsequent installments thereof. OR Failure to pay 5. Maturity Date of Note: Date Demand Letter was sent:	2. Lo					
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Late Charge in the amount of	Cı	urrent Loan P	ayment:	Interest Paid-to-Da	ate:	Monthly Impound:
Failure to pay the installment of principal and interest which became due and all subsequent installments thereof. OR Failure to pay 5. Maturity Date of Note: Date Demand Letter was sent: 6. Please list any other Delinquencies on Subject Property: Date Paid: Amount: 7. Present owner's name and last known address: Date Paid: Amount: 7. Present owner's name and last known address: Address: Address: Address: Zip: 8. Subject Property address is: State: Zip: 9. Name of Current Beneficiary: State: Zip:						
6. Please list any other Delinquencies on Subject Property: Senior Deed of Trust next payment due: Date Paid: Amount: Amount: Amount: Date Paid: Amount: Amount: Amount: Date Paid: Amount: Amount: Amount: Date Paid: Amount: Amount: Date Paid: Amount: Amount: Amount: Date Paid: Amount: Amoun	Fa	ailure to pay t	he installment of principa			
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Senior Deed of Trust next payment due: Date Paid: Amount: Real Estate Property Taxes due for : Date Paid: Amount: Date Paid: Date Paid: Amount: Other: Date Paid: Amount: Other: Date Paid: Amount: Other: Date Paid: Amount: Other: Date Paid: Amount: '' Present owner's name and last known address: Address: City: Date Paid: #2: '' State: Zip: '' '' #2: '' State: Zip: '' '' '' '' '' '' '' '' '' '' '' '' ''<						
Real Estate Property Taxes due for : Date Paid: Amount: Fire Insurance for Subject Property: Date Paid: Amount: Other:	Г	•			Date Paid:	Amount:
Fire Insurance for Subject Property: Date Paid: Amount: Other: Date Paid: Amount: Date Paid: Date Paid: Amount: The sent owner's name and last known address: Address: Address: Address: Zip: Testent owner's Social Security Number #1: #2: 8. Subject Property address is: #2: Zip: City: State: Zip: 9. Name of Current Beneficiary: State: Zip: 9. Name of Current Beneficiary: Declaration of Compliance Beneficiary Authorization and Check for \$300 per loan Ive understand acceptance of any monies from the Borrower (Trustor) before Full Reconveyance or Reinstatement is received, may VOID the FORECLOSURE and obligate the Lender (Beneficiary) and/or the undersigned for all fees and expenses payable to FC1 Upon demand from FC1 or upon the expiration of the three month before commencing with the Publication Period. You gares to advance all amounts due FC1 along with authorization to complete these proceedings. I/we declare under penalty of periory, under the laws of the state of California, based upon my own personal autorization to complete these proceedings. I/we declare under penalty of periory, under the laws of the state of California, based upon my own personal autorization to for the active negligence of FC1. Contact Person:		Real Estate	Property Taxes due for :		Date Paid:	Amount:
Other: Date Paid: Amount: 7. Present owner's name and last known address:					Date Paid:	Amount:
Address:					Date Paid:	
8. Subject Property address is:	Ac	ddress:	s name and last known ad			
8. Subject Property address is:	C1 Pr	ity: resent Owner ³	's Social Security Numbe	Sta	ite:	Zıp:
9. Name of Current Beneficiary:						
9. Name of Current Beneficiary:	o. su Ci	ity:		Sta	ate:	Zip:
10. Enclosed are the following necessary documents: Substitution of Trustee Declaration of Compliance Beneficiary Authorization and Check for \$300 per loan I/we understand acceptance of any monies from the Borrower (Trustor) before Full Reconveyance or Reinstatement is received, may VOID the FORECLOSURE and obligate the Lender (Beneficiary) and/or the undersigned for all fees and expenses payable to FCI Upon demand from FCI or upon the expiration of the three month period from the recording of the Notice of Default, and before commencing with the Publication Period, I/we agree to advance all amounts due FCI along with the publication to complete these proceedings. I/we declare under penalty of perjury, under the laws of the state of California, based upon my own personal knowledge, that the foregoing is true and correct, I/we promise to indemnify FCI against any and all liability, loss, cost, damages, settlement payments, attorneys' fees, and other expenses that FCI may sustain or incur as a result of, or in any way related to foreclosure of the trust deed unless the same are sustained or incurred as a result of the active negligence of FCI. Contact Person:						
Substitution of Trustee O Beneficiary Authorization and Check for \$300 per loan I/we understand acceptance of any monies from the Borrower (Trustor) before Full Reconveyance or Reinstatement is received, may VOID the FORECLOSURE and obligate the Lender (Beneficiary) and/or the undersigned for all fees and expenses payable to FCI Upon demand from FCI or upon the expiration of the three month period from the recording of the Notice of Default, and before commencing with the Publication Period, I/we agree to advance all amounts due FCI along with authorization to complete these proceedings. I/we declare under penalty of perjury, under the laws of the state of California, based upon my own personal knowledge, that the foregoing is true and correct, I/we promise to indemnify FCI against any and all liability, loss, cost, damages, settlement payments, attorneys' fees, and other expenses that FCI may sustain or incur as a result of, or in any way related to foreclosure of the trust deed unless the same are sustained or incurred as a result of the active negligence of FCI. Contact Person: Please send confirmation and correspondence to: BY:						
O Declaration of Compliance O Beneficiary Authorization and Check for \$300 per loan I/we understand acceptance of any monies from the Borrower (Trustor) before Full Reconveyance or Reinstatement is received, may VOID the FORECLOSURE and obligate the Lender (Beneficiary) and/or the undersigned for all fees and expenses payable to FCI Upon demand from FCI or upon the expiration of the three month period from the recording of the Notice of Default, and before commencing with the Publication Period, I/we agree to advance all amounts due FCI along with the publication to complete these proceedings. I/we declare under penalty of perjury, under the laws of the state of California, based upon my own personal knowledge, that the foregoing is true and correct, I/we promise to indemnify FCI against any and all liability, loss, cost, damages, settlement payments, attorneys' fees, and other expenses that FCI may sustain or incur as a result of, or in any way related to foreclosure of the trust deed unless the same are sustained or incurred as a result of the active negligence of FCI. Contact Person: Please send confirmation and correspondence to: BY:						
I/we understand acceptance of any monies from the Borrower (Trustor) before Full Reconveyance or Reinstatement is received, may VOID the FORECLOSURE and obligate the Lender (Beneficiary) and/or the undersigned for all fees and expenses payable to FCI Upon demand from FCI or upon the expiration of the three month period from the recording of the Notice of Default, and before commencing with the Publication Period, I/we agree to advance all amounts due FCI along with authorization to complete these proceedings. I/we declare under penalty of perjury, under the laws of the state of California, based upon my own personal knowledge, that the foregoing is true and correct, I/we promise to indemnify FCI against any and all liability, loss, cost, damages, settlement payments, attorneys' fees, and other expenses that FCI may sustain or incur as a result of, or in any way related to foreclosure of the trust deed unless the same are sustained or incurred as a result of the active negligence of FCI. Contact Person: Please send confirmation and correspondence to: BY:				O Beneficiary A	uthorization and Check	for \$300 per loan
Contact Person:	obligate period f authoriz knowle attorne	e the Lender (Ber from the recordin zation to complet edge, that the fo eys' fees, and oth	neficiary) and/or the undersigned ng of the Notice of Default, and te these proceedings. I/we declar regoing is true and correct, I/ her expenses that FCI may sus	for all fees and expenses p d before commencing with are under penalty of perj we promise to indemnify tain or incur as a result of	bayable to FCI Upon deman the Publication Period, I/v ury, under the laws of the FCI against any and all	nd from FCI or upon the expiration of the three month we agree to advance all amounts due FCI along with e state of California, based upon my own personal liability, loss, cost, damages, settlement payments,
Contact Person:					Please send co	nfirmation and correspondence to:
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