

**Instruction: This is a model letter. Adapt to fit your facts and circumstances.**

DATE

CERTIFIED MAIL NO.  
RETURN RECEIPT REQUESTED - FEE PAID

Name  
Address Line 1  
Address Line 2  
City, State Zip Code

Re: Name  
Address Line 1  
Address Line 2  
City, State Zip Code

Dear Name:

Enclosed you will find the Stipulation Agreement approved by Name.

You will need to sign the last page of the Agreement and return to our office in the enclosed Airborne envelope by DATE along with certified funds in the amount of \$ . We do not accept personal checks, the \$ must be certified funds made payable to .

Should you have any questions, please do not hesitate to contact our office at and ask for the foreclosure desk.

Your immediate attention to this matter is necessary in order to stop the foreclosure procedure.

Sincerely,

:  
Enclosure