

Address:

CITY AND COUNTY OF DENVER PUBLIC TRUSTEE

Debra Johnson Public Trustee

201 W. Colfax Dept 101 Denver, Co. 80202

TELEPHONE: 720-865-8400

Notice of Intent to Cure Default

On foreclosures where Notice of Election and Demand was recorded *on or after* January 1st, 2008

Please legibly print the following information:			
Foreclosure Sale Number:			
Foreclosure Sale Date:		_	
Name (Please Print Legibly):			
Foreclosure Property Address:			
City, State, Zip:			
Current or Mailing Address (if different):			
City, State, Zip:			
Phone/Cell Phone Number:			assistencia en español?
Fax Number:			
Email Address:			
If you are working with a title company or a rethe name of the realtor and a phone number.		name of the title company, a contact	ct person, or
Title Company or Realtor Name:			
Contact Person and Phone Number:			

To Whom It May Concern: Written notice is hereby given to the Public T		ounty of Denver of the intention of (name,
please print)			
to cure the default on the above-referenced p	property as one of the fo	llowing:	
$\hfill\Box$ The owner of the property.			
□ A person liable under the evidence of debt	t.		
□ A surety or guarantor of the evidence of de	ebt.		
□ A junior lien holder.			
I am requesting that the Public Trustee office current. I understand that I must call the Public funds, and that I must bring in cash or certific date in order to cure. I understand that, as will expire between 10 and 30 calendar da Office of the Public Trustee for updated fi verifies that I filed my intent to cure at least 1 intent to cure was filed less than 15 days price gone to sale.	olic Trustee's office to co ed funds for the full amou guided in statute, cure ys after their issuance gures at least 15 days 5 days prior to the sche	Infirm my final cure amount prior to a cunt by 12 noon the day before the so the figures provided by the foreclos the and it is my responsibility to co prior to the sale date. The signated duled sale date, or that I understand	endering cheduled sale ing attorney ntact the ure below I that if the
Original Signature of Owner, Grantor, or Lien	Holder:		
Date Signed:			
	**		
State of Colorado } ss. County of }	***	**Notarization required in a except when signed in the of a Deputy Public Trustee	presence
The foregoing instrument was acknowled day of	. 200 .	or a Dopaty r abile trustee	
Ву	·		
Witness my hand and official seal. My commission expires: Notany Public:	· · · · · · · · · · · · · · · · · · ·	_	