

NOTE INFORMATION

Note Holder				
Name				
Mailing Address				
City, State, Zip				
Email				
Phone #1 & #2	()	()		
Note Information		Collateral Information		
Type	<input type="checkbox"/> Deed of Trust <input type="checkbox"/> Mortgage <input type="checkbox"/> Contract <input type="checkbox"/> Wrap		Property Address	
Position	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		City, State, Zip	
Sale Date			County	
Sales Price	\$		APN(s)	
Down Payment	\$		Taxes due for	
Original Loan	\$		Prop. Type/# Units	
Stop Date/Orig. Term		mo.	# Beds/# Baths	
# Pmts. Paid / Left	mo.	mo.	Condition	
Balloon Payment	\$		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Interest Rate	%		Parcel/Building Size	sq. ft. sq. ft.
Payment Type	<input type="checkbox"/> P&I <input type="checkbox"/> I Only <input type="checkbox"/> Irregular/Other		Current Value	\$
Assumable	<input type="checkbox"/> No <input type="checkbox"/> Yes		Occupancy	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
Prepmt. Penalty	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____		Rental Amount	\$
Late Charge	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____		Hazard Insurance	
Default Rate	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____		Payor	
Interest Pd. To			Name	
Current Balance	\$		SSN	
Monthly Payment	\$		Mailing Address	
less: Payee Fee	\$		City, State, Zip	
Net Pmt. Proceeds	\$		Email	
Account Servicer			Phone #1 & #2	() ()
Account #			Information Needed	
Address			<input type="checkbox"/> Promissory Note	<input type="checkbox"/> Security Instr. <input type="checkbox"/>
City, State, Zip			<input type="checkbox"/> Payment History	<input type="checkbox"/> Assessor Info. <input type="checkbox"/>
Phone / Fax	()	()	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Location Map <input type="checkbox"/>
Email			<input type="checkbox"/> Purchase Contract	<input type="checkbox"/> Closing Stmt. <input type="checkbox"/>
			<input type="checkbox"/> Fire/Hazard Ins.	<input type="checkbox"/> Senior Lien Info. <input type="checkbox"/>
Comments:				