

OWNER'S INTENT TO CURE

Please legibly print the following information:

Foreclosure Number: _____

Name: _____

Current Street Address: _____

City, State, Zip Code: _____

Phone/Cell Number: _____

Email: _____

If you are working with a Title Company or Realtor, please supply the name of the Title Company, a contact person or the name of the Realtor and phone number:

To Whom It May Concern: Please let this serve as written notice of Intent to Cure default of my loan with:

Name of Lender: _____

I am requesting that the Public Trustee obtain a written statement of the amount necessary to bring my loan current. I understand that I must bring in cash or certified funds by 12 noon the day before the scheduled sale date in order to cure this loan. I understand that it is my responsibility to contact the Office of the Public Trustee for updated figures for the amount to cure. The signature below verifies that I filed my Intent to Cure at least fifteen (15) days prior to the scheduled sale date.

Original signature of Owner, Grantor, or Lien Holder _____

Date Signed _____

A COPY OF THE WARRANTY DEED OR THE EVIDENCE GIVING YOU THE RIGHT TO CURE MUST BE ATTACHED PURSUANT TO C.R.S. 38-38-104(1)