Disclosure Form Trustee Report of Sale House Bill 3082 Required Information (MUST BE TYPED)

Year:		County:	
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Grantor Last Names(s):									
Grantor First Names(s):									
Property Street Address:									
City:		Zip C	ode:						
Original Trustee:		Bid Amount:							
Foreclosing Trustee Date of Appointment (if Substitute):									
Foreclosing Trustee Name:									
Foreclosing Trustee Address:									
Foreclosing Trustee City:	Sı	tate:	Zip Coo	de:					
Foreclosing Trustee Phone Number:		Fax:							
Foreclosing Trustee E- Mail:									
Publication Date:	Time	mes Published:							
Name of Publication/Newspaper:									
City of Publication/Newspaper:									
Original Secured Lender:									
		inal Principal of Secured Debt:							
Interest Rate at Origination of Secured Debt:		Adjustable Rate Loan: Yes No							
If Adjustable, Provide Interest Rate as of Foreclosure Date:									
Total Secured Indebtedness at Foreclosure:		Number of Months Delinquent at Time of Notice of Sale:							
Foreclosing Lien Holder:									
Foreclosing Lien Holder Address:									
Foreclosing Lien Holder City:	St	tate:	Zip Cod	le:					
Loan Type FHA VA Conv Uninsured	RD	FNMA	FREDD	IE Other	•				
Foreclosure Sale Date: Foreclo	Foreclosure Sale Time:								
Foreclosure Sale Location:									
Purchaser's Names(s):									
Appraised Value at Origination:		Net Amount Applied to Loan:							
Date the Report of Sale Recorded:									