OMB Approved No. 2900-0021 Respondent Burden: 10 minutes

Departme	ent of V	etera	ns A	ffairs				N	OTIC Chapter	E OF D l 37, Title 38	EFAUI B. U.S.C.)	LT				
DATE OF THIS NOTICE	TYPE				R (NOTE: Lo umeric, 12 di		INSTRUCTIONS: Please type or print. Note the special instructions for "VA Loan No." and Items 1-4 and 7, as these entries will be used for VA coding purposes. For 38 CFR 36.4600 Loans, code a "4" in the block titled "TYPE."									
						НО	LDER'S									
To (Complete Region DEPARTMENT (LOAN GUARAN)					SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NO. (Complete only if different from holder shown above) MANU					HOME (1) HOME CO HOME RE MANUFACHOME (8)	ONDO (0) FIN. (5) CTURED					
		4 05	חייוסד	DIOAL		RIP	TION O						1 104 004	NAL OF	CLIDITY	
NOTE: Enter numbe without spaces, dash DO NOT ENTER M THAN 14 CHARAC	ies, etc. ORE	1. SEI	TVICE	R LOAN	INO.	2. DATE OF TIKOT ONCOKE					DEFAULT NTH DAY YEAR 3A. SOCIAL SECURITY NO. (Present Owner)					
Enter last name, comma, first name and middle initial	➤ 3B. N	IAME C)F PRI	ESENT (OWNER			NOTE			5. COUNTY OR PARISH (Property le				ocation)	
4. ADDRESS OF PRESENT OWNE (Entries in Items A and B MUST be limited to 25	R		R AND D STA		T OR RURAL	. RO	JTE Item 3B: Do not enter more than 25 characters in this area C. ZIP ► CODE				6. PROPERTY ADDRESS (If different than Item 4)					
characters) 7. DATE OI (Per lo	F FIRST P an instrum		NT	8.	ORIGINAL V ADDRESS (A	RIGINAL VETERAN'S NAME AND PRESE DDRESS (If different than Items 3B and 4 a				ENT above)	9. AMOUNT OF EACH INSTALLMENT PRINCIPAL AND \$					
EXAMPLE: Enter 06 01 93 for							TAX AND INSURANCE OTHER			Ψ						
June 1, 1993											TOTAL \$			\$		
10. OTHER DEFAUI insurance, specia	11.		PRINCIPAL	PRINCIPAL \$ 12. INTEREST RAT					RATE AND	AND OUTSTANDING						
indurance, apostar addeddinente, e			010.)	AMOUNT OF DEFAULT			INTEREST AND INSURA	ANCE			A. INTEREST B. DATE			C. AMOUNT		
) D	TOT ER'S LOA		VICING							
13. CONTACT(S) LET	TYPE TER/WIRE	NUN	MBER	14. DAT INSF	ES OF PROP PECTIONS					OF PROPE	RTY		ROPERTY C		ED BY NANT	
WITH FAC	E TO FACE LEPHONE												VETERAN TRANSFERE	E □ VA	CANT	
17.							WER'S ATTITUDE RD DEFAULT			D. PLACE OF EMPLOYMENT			E. WORK TELEPHONE NUMBER	: TELE	HOME PHONE MBER	
BORROWER																
SPOUSE																
18. IS FORBEARANCE					ON FOR DEF											
20. SUMMARY OF repayment sched	LOAN SE dules or ot	RVICIN her arr	IG (Mu angen	ust give nents, et	complete det c.)	ails t	to support	conclu	sion that f	orbearance is	s or is not w	varran	ted. Include			
21. NAME AND TITLE	OFFIC	IAL <i>(Type</i>	e or Print)	HOLDER				22. SIGNATURE OF AUTHORIZED OFFICIAL								
PRIVACY ACT INFO	RMATION.	VA will	not dis	sclose info	ormation collec	AGE	RVICING ENT on this form	to anv	source othe	er than what has	s been autho	orized	under the Priva	acy Act of	1974 or	
Title 38, Code of Fe 55VA26, Loan Guara Records - VA, and pu	deral Reguanty Home,	lations Condon	1.576 fo	or routine and Manu	uses (e.g., to ufactured Home	a m	ember of C in Applicant	ongress Record	inquiring o s, Specially	on behalf of a value Adapted House	veteran) as sing Applicar	identifi nt Reco	ed in the VA s	ystem of	records,	

RESPONDENT BURDEN: We need this information to determine compliance with the applicable reporting requirements of VA regulations. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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Departm	ent o	of Ve	tera	ns A	ffairs				١	(Ch	TICE OF D	EFAL 8, U.S.C	JLT				
DATE OF THIS NOTICE	-	TYPE															
			1				НО	LDER'S	S NO	TIC							
To (Complete Reg DEPARTMENT LOAN GUARA	ETER/	ANS A					HOLDER'S NAME, ADDRESS AND TE SERVICING AGENT'S NAME, ADDRES NO.(Complete only if different from holder st				ESS AND	HONE SEF	PURPOSE OF LOAN (Check One) HOME (1) HOME CONDO (0) HOME REFIN. (5) MANUFACTURED HOME (8) SERVICER CODE (6 Digits)				
												(* -					
							RIP	TION O	F DE	LIN	QUENT						
NOTE: Enter num without spaces, da DO NOT ENTER I THAN 14 CHARA	. SEF	RVICE	er Loan	N NO.	2. DATE OF FIRST UNCURED DEFAULT EXAMPLE: Enter 05 01 93 for May 1, 1993 MONTH DAY YEAR							3A. SOCIAL SECURITY NO. (Present Owner)					
Enter last name, comma, first name and middle initial	→	3B. NA	ME C)F PR	ESENT	OWNER)WNER				NOTE	5. COUNTY OR PARISH (Property lo				perty location)	
4. ADDRESS OF PRESENT OWN (Entries in Items and B MUST be limited to 25	NER S A		R AND		T OR RURAL	tha are C. 2			Item 3B: Do not enter more than 25 characters in this area C. ZIP CODE			6. PROPERTY ADDRESS (If different than Item 4)					
characters)					Iβ	ORIGINAL V	FTF	RAN'S NA		- 1	PRESENT		MOLINI		INIC	TALL MENT	
7. DATE ((Per	OF FIR Ioan in:			NT	0.	ADDRESS (I	f dif	ferent thai	i Items	3B	and 4 above)		PAL AND		EACH INSTALLMENT \$		
(, 0, ,	EAR							INTEREST TAX AND INSURANCE				D .					
EXAMPLE: Enter MONTH DAY YEAR 06 01 93 for											OTHER		50101102				
June 1, 1993												O THE		TOTAL	+	\$	
10. OTHER DEFA	ULT (S	pecify,	real	<u> </u>	, taxes,	11.		PRINCIPAI		\$		12. INT	EREST			JTSTANDING	
insurance, special assessments, etc.)			ments, etc.)			AMOUNT		INTEREST				A. INTE	<u>AN BAL</u> REST	ANCE B. DATE		C. AMOUNT	
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17.	A MONTHLY							WER'S ATTITUDE RD DEFAULT			D. PLACE OF EMPLOYMENT			E. WORK		F. HOME TELEPHONE	
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18. IS FORBEARAN	CE WAF	RRANTI	ED?	19	. REAS	ON FOR DEF	AUL	_T									
20. SUMMARY OI repayment sch							ails t	to support	concli	usion	n that forbearance i	s or is no	t warrar	nted. Includ	e		
21. NAME AND TITL	E OF A	UTHOR	IZED	OFFIC	IAL (Type	e or Print)	но	LDER			22. SIGNATURE OF	AUTHOR	ZED OF	FICIAL			
							SEF	RVICING ENT									
Title 38, Code of F 55VA26, Loan Gua	Federal aranty H	Regulatiome, Co	tions ' ondon	1.576 f ninium	or routine and Man	e uses (e.g., to ufactured Home	ted o	on this form ember of C on Applicant	ongres Recor	s inq	L ce other than what ha uiring on behalf of a pecially Adapted Hou 38 CFR 36.4315, 36.	veteran) a sing Appli	as identif cant Rec	ied in the VA	sys	stem of records,	

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