OMB Approved No. 2900-0021

🔀 Depar	tment	of V	etera	ins /	Affair	s	NOT	ICE	OF I	DEF	AUL	T AND	INTE	ENTI				LOSE		
INSTRUCTION 36.4600 loans	use VA	Form	26-68	50, N	OTICE				n copy	1 to V	A. C	opy 2 ma	y be reta		ems 2, 7	, 10 and	14. F	or 38 CFR		
I. DATE OF THIS NOTICE		OTE: V oan	A LIN	2. \	/A LIN				3. PURI	POSE C	F LOA	AN (Check o	one)							
NOTICE	ìc	lentifica							🔲 н	IOME (1)			HOME	REFINAN					
number) must be numeric 12									∣□н	IOME C	ONDC	0) (0)	☐ MANUFACTURED HOME (8)							
4. To <i>(Comple</i> DEPARTN LOAN GU	te Regio	nal Off VETE	ice/Ce			ss)			5.HOLD	ER'S N	AME,	ADDRESS	AND TEL	EPHON	E NUMBE	ER				
									6A. SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NUMBER (Complete only if different from holder shown above)								IE 6B. SERVICER CODE (6 Digits)			
							DESCR	IPTIC	N OF D	FI INC	UFN	T LOAN								
NOTE: Enter number only without spaces, dashes, etc. DO NOT ENTER MORE								8. DA	TE OF FI FAULT (1 01 86 for	RST UI Example	CURI	ED r	MONTH DAY YEAR					. SOCIAL SECURITY NO.(Present Owners)		
THAN 14 CHARACTERS NOTE: In item 10A 10A. NAME OF PRESENT OWN						OWNER			11. C	TNUC	Y OR PARIS	SH (Prope	rty Loca	tion)						
enter last name comma, first na and middle initi	ame, al.	10B. N	10B. NUMBER AND STREET OR RURA							12. PF	12. PROPERTY ADDRES			ferent th	an 10B a	nd 10C)	d 10C)			
Limit entries in 10A, 10B and to not more tha	10C. C	IA YTI	ND ST	ATE				10D. ZIP >				1	3. AMOU	STALLMENT						
25 characters.						15. ORIG	INAL VE	TERAI	N'S NAM			ENT		DDING	IDAL AND) INTERE	ет Т	•		
	ATE OF F Per loan i			٧T								nd 10C abo	ve)	-			31	\$		
(Per loan instruments) MONTH DAY YEAR												TAX AI								
EXAMPLE: Er	IMONI	H DA	AY I I	YEAR I								OTHE								
02 01 86 for February 1, 1986														\$						
			-14-4			<u> </u>												N BALANCE		
OTHER DEFA insurance, spe				e, taxe	es,		17.	PF	RINCIPA	L	\$			A. AS	OF: (Date)	B. A	MOUNT		
			,				OUNT	IN	ITERES	Г										
							OF	TAX AN	ND INSUR	ANCE										
						DEI	FAULT		TOT	ΓAL	\$						\$			
								19.	OCCUPA	ANCY D	ATA									
A. IS PROPERTY	OCCUP	IED? B.	OCCL	JPANT	IS (Ch	eck One)	TEN	IANT		OTHER	(Spec	cify)	C. KEYS T	O PROF	PERTY M	AY BE OF	TAINE	D FROM: (If vacar		
YES I	NO		O	RIGINA	AL BOR	ROWER		NSFE												
D. IF VACANT, HA	VE STEP	S BEEN				T E. POS	SIBILITIE	S OF C	CURING D	DEFAUL	ΓHAV	E BEEN EXH	HAUSTED?	? F.	WERE O	HER TRAI	NSFER	EES INVOLVED?		
$\overline{}$	NO					$ \Box \rangle$	es □ n	NO (It	f "No." ex	nlain in	Item 2	7)			Tyes [NO (If "	Yes "c	omplete Item 20)		
20. A. NAME B. LAST KNC						IOWN A	DDRES	SS	,	C. NA	АME			D. LAST	KNOWN A	OWN ADDRESS				
OTHER TRANSFEREE DATA	THER RANSFEREE																			
21.	A. PRO				B. PROC					Υ	C. ESTIM									
REPOSSESSION	INSTITU	IED ON	N OR A	FIER	(Date)	PROVISI 36.4317(te)	FORECLO REPOSS			 (Is deed in lieu of foreclosure or voluntal conveyance of the security obtainable) 					
AND/OR FORECLOSURE						,	,		•					Пуб	•					
CILCLOSURE						•	НС	OLDE	RS LO	N SEF	VICI	NG		I		Ы				
23.		TYP	E		NI	JMBER			F PROF	ERTY	25. C	ONDITION	OF PROF	PERTY						
CONTACT(S)	LETTER	TTER/WIRE						TIONS												
WITH																				
MORTGAGOR		FACE TO FACE TELEPHONE					-													
26.	A. MON	ΓHLY	B. N	ONTH	ILY	C ATTI	TUDE TO)WARI	D DEFAI	ηт		D. PLACE C	F FMPI C	YMENT	- [E. WO		F. HOME		
BORROWER	INCO	ME	OB	LIGAT	IONS	J. ////	. 552 10	· • • • • • • • • • • • • • • • • • • •	J J L I A		- '	L/ (OL O	LIVII LC			IELEPHO	NE NC	TELEPHONE N		
SPOUSE			+															+		
27. REASON FO	R DEFAIL	I T AND) SUM	MARY	OFIO	I AN SERV	CING /M	lust air	e comple	ete dete	ils to s	support cond	dusion the	at forhes	rance is r	ot warran	ed In	 clude		
description of	broken re	paymen	t sche	dules d	or other	arrangem	ents, etc.) (If ad	lditional s	space is	neede	ed, continue	on revers	se)	rance is i	ot warran	ea. III	olude		
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28. NAME AND 1			RIZED	OFFI	,	•	, r	SER	DER			SIGNATUR								
/A FORM 26 JAN 2007	685	0a				EXISTING WILL BE		S OF	VA FORM	И 2 6- 68	50a, J	UL 1996,	(S	EE RE	VERSE)		١	/A COPY 1		

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (e.g., to a member of Congress inquiring on behalf of a veteran) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, and published in the Federal Register. Your obligation to respond is mandatory under 38 CFR 36.4315, 36.4317 and 36.4330.

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 20 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.

OMB Approved No. 2900-0021 Respondent Burden: 20 minutes

O Depart	tment	of V	eteran	s Af	airs		NOT	ICE C	OF D)EF	AUL	AA T.	۱D	INT	ΈN	ITIC	ON	ТО	FO	REC	;LC	SE	
INSTRUCTION 36.4600 loans	NS: See	Privac	cy Act In	nforma	ation c	on rever		Return	copy '	1 to \	VA. C	ору 2 г	nay	be re			ms 2	, 7, <i>′</i>	10 and	I 14. I	For 3	38 CFR	!
1. DATE OF THIS NOTE: VA LIN (loan identification number) must be numeric 12								3.	3. PURPOSE OF LOAN (Check one) HOME (1) HOME REFINANCING (5) HOME CONDO (0) MANUFACTURED HOME (8)														
4. To (Complet DEPARTM LOAN GUA	5.1	5.HOLDER'S NAME, ADDRESS AND TELEPHONE NUMBER																					
	64	6A. SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NUMBER (Complete only if different from holder shown above) 6B. SERVICER CODE (6 Digits)												DE									
						1	ESCR	IPTION	OF DI	ELIN	QUEN	T LOAN	١										
without spaces, dashes, etc.									TE OF FIRST UNCURED AULT (Example: enter 01 86 for February 1, 1986						Ή	DAY	YE	AR	9. SOCIAL SECTION NO. (Present C				
NOTE: In item 1 enter last name comma, first nai	10A e,	10A. N	NAME OF	PRESE	ENT O	WNER				11. COUNTY OR PARISH (Property Location)													
and middle initia	al. Items		NUMBER /			OR RUF	RAL RO	UTE	12. PROPERTY ADDRESS (If d						liffere	fferent than 10B and 10C)							
10A, 10B and 10 to not more than 25 characters.	n OC	10C. C	OC. CITY AND STATE						10D. ZIP ► CODE											OF EACH INSTALLMEN			Т
	ATE OF FI Per loan ir		PAYMENT		118				N'S NAME AND PRESENT t than Items 10A,10B and 10C above)						-				INTERE	EST	\$		
"	El IOGII II		TH DAY	YE											TAX AND INSURANCE OTHER								
EXAMPLE: Ent 02 01 86 for	nter 🕨				1K												ζ		TO1		\$		
February 1, 198	86				.							18					18. Ol	TOTAL [▶] OUTSTANDING LOAN BALANCE					:
16. OTHER DEFAL				taxes,		$\overline{}_{1}$	17. PRINCI				IPAL \$					A. AS OF: (Date)					B. AMOUNT		
insurance, spec	cial asses	sment	s, etc.)				,, DUNT	INTE	NTEREST						7								
						0		TAX AND I	INSURA	NCE													
						DEF	AULT		TOTA	AL	\$									\$			
								19. OC	CCUPAI	NCY	DATA												
A. IS PROPERTY	OCCUPI	iED? B.	. OCCUP/	ANT IS	(Chec	:k One)	☐ TEN	IANT		THE	R (Spec	ify)	C.	KEYS	тоі	PROP	PERTY	′ MA`	Y BE O	BTAIN	ED F	ROM: (/	f vacant)
☐YES ☐N						ower [NSFERE			•		1										
D. IF VACANT, HAV PROPERTY?	VE STEPS	3 BEEN	TAKEN 10	O PRO	LECT I	E. POSS	IBILITIE	S OF CUF	CURING DEFAULT HAVE BEEN EXHAUSTED							F. '	WERE	ОТН	ER TRA	NSFE	REES	INVOL	/ED?
YES N	NO LA NAME				<u> </u>			NO (If "N		<u>olain ii</u>							J _{YE}					lete Iter	n 20)
20. OTHER TRANSFEREE DATA	THER RANSFEREE										C. NA	ME.					D. LA	ól Ni	NOVVIN	ADDRI	:55		
21	A. PROCEEDINGS WILL BE INSTITUTED ON OR AFTER (Date) B. PROCEEDINGS L PROVISIONS OF 38 36.4317(A) WERE IN							38 CFR 3	R 36.4280(e) or FORECLOSURE												tary		
							НС	OLDERS	LOA	N SE	_	_											
23.		TYP	'E		NUM	/IBER		ATES OF I		ERTY	25. C	25. CONDITION OF PROF							-				
CONTACT(S) WITH	LETTER	LETTER/WIRE] "``	SPECITO	ЛИО														
MORTGAGOR	FACE TO FACE]																
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20.	A. MONT			NTHLY GATION		C. ATTIT	UDE TO	OWARD D	DEFAU	LT	D. PLACE OF E			EMPL	EMPLOYMENT			TE			2. TE	F. HO LEPHO	
BORROWER	 		+		+					\dashv								+			+		
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description of b	broken rej	paymer	nt schedul	es or o	ther an	rangemei	nts, etc.) (If additi	ional sp	oace i	s neede	ed, contin	nue d	on reve	rse))I DGai	ance .	18 110	l Warrar	neu. "	ltituu	в	
28. NAME AND TI	TILE OF	AUTHC)RIZED O	FFICIA	L (Тур	e or Prini	t)	HOLDE				SIGNAT	URI	E OF A	UTH	IORIZ	ED O	FICI	IAL				

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