🟠 Depar	rtment	of V	etera	ans /	Affaiı	rs	ľ	TO	ICE	OFI	DEF	FAU	LT A	ND	IN	TEN	ITIC	DN .	то	FOF	REC	LOSE	
INSTRUCTIO 36.4600 loans	NS: See s use VA	Privac Form	y Act 26-68	Infor 350, N	rmatio IOTICI	n on E OF	n revers DEFA	se. T	ype o Retu	or print. rn copy	Note 1 to	e the s VA. (	special Copy 2	inst may	ructio / be I	ons fo retain	or Ite ed.	ms 2	, 7, <sup>,</sup>	0 and	14. F	or 38 CFR	
1. DATE OF THIS	6 N	NOTE: V			VA LIN								DAN (Ch										
NOTICE		loan dentifica	tion							□ ⊦	IOME	(1)				] но	OME F	REFIN	ANC	ING (5)			
		number) be nume												_	MANUFACTURED HOME (8)								
4. To (Comple	ete Regio	onal Off	fice/C	enter .	Addres	ss)							, ADDRI	ESS A	ND T						(-)		
DEPARTN LOAN GU	-			S AFF	FAIRS																		
										64 SE			ENT'S N			RESS							
											MBER		plete only									igits)	-
							D	ESCF			DELIN	IQUE		N									
NOTE: Enter n	umber onl	v	7. SE	RVICE	R LOAI	N NU			8. DA	ATE OF FIRST UNCURED MON EFAULT (Example: enter						тн	H DAY YEAR					AL SECURIT	
without spaces DO NOT ENTE THAN 14 CHAI	etc.								FAULT (1 01 86 for		enter								NO.(/	Present Owne	rs)		
NOTE: In item enter last name		10A. N	IAME	OF PR	ESENT	OW	NER				11. COUNTY OR PARISH (Prope					operty	Locat	ion)	<b>!</b>				
comma, first na and middle init Limit entries in	ame, ial. Items	10B. N		RAN	D STRE	ETC	OR RUR	URAL ROUTE			12. PROPERTY ADDRESS (If dif					differe	ferent than 11B and 11C)						
10A, 10B and to not more that 25 characters.		10C. C	XITY A	ND ST.	ATE	_					10D. ZIP ► CODE						1	3. AM	OUN	OUNT OF EACH INSTALLMENT			
14. DATE OF				NT						N'S NAM							PRINCIPAL AND IN				ST	\$	
(	Per loan i	instrume	ents)												TAX AND INSURANC								
EXAMPLE: EI	nter	MONT	ΉD.	AY	YEAR												THEF	2					
02 01 86 for February 1, 19	▶															TOTAL \$							
																	18. OUTSTANDING LOAN BALANCEA. AS OF: (Date)B. AMOUNT						
16. OTHER DEFA insurance, sp	AULT (Spe ecial asse	ecity, rea	al esta s, etc.)	te, taxe	es,		17	<b>′</b> .	P	RINCIPA	L	\$				A.	. AS C	)⊦: (D	ate)		B. Al	NOUNT	
							AMO	-	11	NTERES	Г												
							OF DEFA		TAX AI	ND INSUR							-						
							DEFA			TO		\$									\$		
A. IS PROPERT			000			book	<u>()no)</u>	_	19.	OCCUP	ANCY	DATA				<u>0 TO I</u>			(			D FROM: (If va	
					,		Ĺ	_	NANT		OTHE	R (Spe	ecify)			3101	NOF		IVIA				icani
D. IF VACANT, HA	NO AVE STEP	SBEEN			AL BOF							ПТНΔ				ED2	E 1	WERE	ОТН		NSEER	EES INVOLVEI	2
PROPERTY?	PROPERTY?				. [		_								20.								
	YES NO 20. A. NAME				E	3. LAS	L YES ST KNO	S LLI WN A	<u>NO (/</u> DDRÉ:	<u>lf "No," ex</u> SS	cplain		<u>27)</u> JAME				D. LAS		S L ST KI	NO (If ' NOWN A	<u>Yes, "co</u> DDRE	<u>complete Item 20)</u> ESS	
OTHER TRANSFEREE																							
DATA 21.								DER EME															
REPOSSESSION	INSTITU	TED OF	N OR A	FIER	(Date)					FR 36.428 TITUTED				FORECLOSURE A REPOSSESSION						I in lieu of foreclosure or voluntary ance of the security obtainable)			
AND/OR FORECLOSURE																'FS							
TOREOLOGORE								H	OLDE	RS LOA	AN SI	RVICING											
23.		TYP	E		N	UMB	ER			OF PROF	PERT	25.	CONDIT	ION (	of Pr	ROPEF	RTY						
CONTACT(S)	LETTER	R/WIRE						IN	ISPEC	TIONS													
WITH	FACE T	O FACE				_																	
MORTGAGOR		ELEPHONE																					
26.	A. MON	THLY		MONTH		C.	ATTITU	JDE T	OWAR		JLT	ł	D. PLA	CE OI	FEMF		/ENT			E. WC		F. HOM	
BORROWER		JVIE		BLIGAT	IONS	+ •							(							LEPHO	NE NO		: NC
SPOUSE	1					1													+				
27. REASON FO	R DEFAU	JLT AND	SUM	MARY	OF LO	AN S	SERVICI	NG (A	Aust gi	ve compl	ete de	tails to	support	concl	lusion	that fo	orbear	ance	is no	warran	ted. Ind	lude	
description of	broken re	epaymer	nt sche	dules's	s or oth	er arı	rangeme	ents, e	tc.) (Ĭf a	additiona	l spac	e is ne	edėd, co	ntinue	e on re	everse	)						
28. NAME AND	TITLE OF	AUTHC	RIZED	) OFFI	ICIAL (7	Туре	or Print)	Ē	-	LDER			9. SIGNA	ATUR	E OF	AUTH	ORIZ	ED OI	FICI	AL			
VA FORM 26	6-685	50a								RVICING VA FORI			FEB 199	95,	(SE	E RE	VER	SE)			V	A COPY	1
JUL 1996 🖉 🖌						VVIL	L BE US	⊳⊏υ.													-		

PRIVACY ACT INFORMATION: This form provides information which is required by 38 U.S.C. 3732(a) or 3720 so that appropriate action can be taken if default is not cured. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records and Paraplegic Grant Applicant Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

🔀 Depar	tment	of	Vete	erai	ns /	Affai	rs		NO	TICE	OF	DEF	-AU	LT /	AND	) INT	ENT	ION	ιто	FOR	ECI	OSE		
INSTRUCTION 36.4600 loans											rn copy	/ 1 to	VA. C	Copy :	2 ma	y be re			5 2, 7, <sup>-</sup>	10 and	14. Fo	or 38 CFR		
1. DATE OF THIS NOTICE			: VA L	.IN	2. \	VA LIN					3. PUR	POSE	OF LC	DAN (C	check c	one)								
NOTICE	ì	loan dentification								HOME (1)					] ном	HOME REFINANCING (5)								
			er) mu: neric 1									HOME	COND	O (0)			] mani	JFAC	TURED	HOME	(8)			
4. To (Complete Regional Office/Center Address) DEPARTMENT OF VETERANS AFFAIRS									5.HOLI	DER'S	NAME	, addf	RESS	AND TE	LEPHO	NE NI	JMBER	ł						
DEPARTN LOAN GU	-			-	AFF	AIRS	5																	
											6A SE	RVICI	NG AG	ENT'S	NAME		ESS AN		I EPHC	NE 6	B SER	VICER CODE		
											6A. SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NUMBER (Complete only if different from holder shown above)								(6 Digits)					
								[	DESC	RIPTIC	ON OF I	DELIN	QUE	NT LO	DAN									
NOTE: Enter nu	umber onl	y	7. \$	SER	VICE	R LOA	N NU	JMBER	1		TE OF F					MONT	H DA	Y	YEAR	9		AL SECURITY		
without spaces, dashes, etc. DO NOT ENTER MORE THAN 14 CHARACTERS												le: enter ary 1, 1986  ►								NO.(Present Owners)				
NOTE: In item enter last name		10A	. NAM	IE OI	F PR	ESEN	ΤOW	/NER				11.	11. COUNTY OR PARISH (Proper					cation	)					
comma, first na and middle initi Limit entries in	ame, ial.	10B. NUMBER AND STREET OR RURAL								OUTE		12. PROPERTY ADDRESS (If diffe			lifferent	ierent than 11B and 11C)								
10A, 10B and 1 to not more that 25 characters.		10C	. CITY	( AN	D ST	ATE						ZIP	10D. ZIP ► CODE					13. A	MOUN	OUNT OF EACH INSTALLM				
													E AND PRE ns 3B and 4				PRIN	CIPA	L AND	ND INTEREST		\$		
(Per loan instruments)						'	ADDRE	33 (11	umerer	il liidii ile	#1115 JE	13 JD anu 4 c		10006)		TAX	AND I	NSUR/	ISURANCE					
EXAMPLE: Enter		MONTH DAY YEAR														OTHE			HER					
02 01 86 for																	TOTAL \$				\$			
February 1, 1986																	18. OUTSTANDING LOAN BALANC							
16. OTHER DEFA	ULT (Spe	ecify,	real e	state	, taxe	es,		1	17.	P	RINCIPA	۱L	\$				A. AS	S OF:	(Date)		B. AN	IOUNT		
insurance, special assessments, etc.)							AMO	NTERES	Т															
										ND INSURANCE														
								DEF	AULT		то	TAL	\$								\$			
										19.	OCCUP	ANCY	DATA											
A. IS PROPERTY	Y OCCUP	IED?	B. OC	CCUI	PAN	T IS (C	heck	One)		NANT		OTHE	R (Spe	cify)	C	. KEYS	TO PRO	OPER	TY MA	Y BE OB	TAINE	D FROM: (If vaca		
	NO			OR	IGIN	AL BO	RRO	WFR		ANSFE		0		, e., j /										
D. IF VACANT, HA		S BEI	N TAI	KEN	TO P	ROTEC	CT E	E. POSS	SIBILITI	ES OF	CURING	DEFAL	JLT HA	VE BEE	IN EXH	IAUSTE	D? I	F. WEI	RE OTH	IER TRAN	ISFERE	ES INVOLVED?		
PROPERTY? YES YES   YES NO YES   20.  A. NAME  B. LAST KNC						sП	NO (	lf "No," e	xnlain	in Item	27)						NO (If "Yes."		omolete Item 20					
						ST KN	OWN /	ADDRE	SS	<u>kpiairi</u>		IAME				D. L	D. LAST KNOWN A		DDRESS					
OTHER																								
TRANSFEREE																								
DATA 21.		A. PROCEEDINGS WILL BE NSTITUTED ON OR AFTER (Date									DER EM						OST OF			UNTARY CONVEYANCE DATA				
REPOSSESSION	INSTITU	TED	ON O	R AF	TER	(Date					FR 36.42 ITUTED					OSURE ESSION				d in lieu of foreclosure or voluntary ance of the security obtainable)				
AND/OR								- (	,	-	-	- (												
FORECLOSURE									н	IOLDE	RSLO		ERVIC						I IES					
23.		т	YPE			N	IUME	RER			OF PRO				ITION	OF PRC	PERTY							
CONTACT(S)									1	NSPEC	TIONS													
WITH	FACE T	R/WIRE							-															
MORTGAGOR	TELEPH																							
26.	A. MON			3. M(	ONTH	HLY					RD DEFA	. н. т.		ום ח			OYMEN	іт		E. WO	RK	F. HOME		
	INCC	DME		OBL	IGAT	IONS		. ATTT	ODE	OWAR		ULI		D. FL/	ACE U		UTIVIET		TE	LEPHO	NE NO	TELEPHONE I		
BORROWER							+																	
SPOUSE 27. REASON FO		ШΤΔ		INANA		OFIC		SERVIO		Mustai	ve comp	loto de	tails to	sunno	rt conc	lusion t	hat forhe	aran	n is no	t warrant	od Inc			
description of																		aranc	,e is no	t wanani	eu. me	luue		
							_											<u>.                                    </u>						
28. NAME AND T				(ED)	OFFI	CIAL (				SE	LDER RVICING		лт			-	UTHOR			IAL				
VA FORM 26 JUL 1996	6-685	50a						STING L BE L			VA FOR			FEB 19	995,	(SEI	E REVE	RSE	)	SER	VICE	R'S COPY		

PRIVACY ACT INFORMATION: This form provides information which is required by 38 U.S.C. 3732(a) or 3720 so that appropriate action can be taken if default is not cured. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records and Paraplegic Grant Applicant Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, call 1-800-827-1000 for mailing information on where to send your comments.