



MISSOURI FORECLOSURE INFORMATION FORM

Return Completed Form To: julie@mosklaw.com

Dated: _____, 20__

Lender's Information:

1. Lender's Legal Name: _____
2. Contact Person: _____
3. Billing Address: _____, _____, _____
Street Address City State Zip Code
4. Telephone No: _____ Email Address: _____@_____

Property Information:

5. Address of Premises: _____, _____, _____
Street Address City State Zip Code

Borrower's Information:

6. Borrower's Legal Name: _____
SSN (if applicable): _____ DOB (if applicable): _____
7. Co-Borrower's Legal Name: _____
SSN (if applicable): _____ DOB (if applicable): _____
8. Do you believe the current owner of the Premises is someone other than the Borrower? Yes No

Documents Needed:

9. Are you the original Lender under the loan documents? Yes No
If no, please attach a copy of the recorded assignment to this Form.
10. Do you have the **original** Promissory Note? Yes No
If yes, please attach a copy to this Form. If no, describe below (i.e. lost, destroyed etc...)

11. Do you have a copy of the recorded Deed of Trust? Yes No
If yes, please attach a copy to this Form. If no, describe below (i.e. lost, destroyed etc...)

12. Were any notices sent to the Borrower(s)? Yes No
If yes, please attach a copy to this Form.
13. Have you kept a complete payment record since the inception of the loan through today's day? Yes No
If yes, please attach a copy to this Form. If no, describe below (i.e. lost, destroyed, your books are a mess etc...)

Additional Information: _____

I, the undersigned, am authorized to enter into this agreement on behalf of the above-name Lender. I agree to have Anderson & Associate order all necessary documents and foreclose on the Premises in the appropriate Missouri venue. I also agree to pay for the services at the rate of \$250.00 per hour, plus costs, within 30 days of invoicing.

Signature

Printed Name

Please let us know how you heard about Our Company! _____