

West Virginia Division of Banking

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

Year: _____ County: _____

Grantor Last Name(s): _____

Grantor First Name(s): _____

Property Street Address: _____

City: _____ Zip Code: _____

Date of Sale: _____ Bid Amount: _____

Original Trustee: _____

Foreclosing Trustee Date of Appointment (if Substitute): _____

Foreclosing Trustee Name _____

Foreclosing Trustee Street Address: _____

Foreclosing Trustee City: _____ State: _____ Zip Code: _____

Foreclosing Trustee Telephone Number: _____ FAX: _____

Foreclosing Trustee E-Mail: _____

Publication Date(s): _____ Times Published: _____

Name and City of Publication/Newspaper: _____

Original Secured Lender: _____

Date of Original Deed of Trust: _____

Original Principal Amount 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 Lienholder: _____

Foreclosing Lienholder Street Address: _____

Foreclosing Lienholder City: _____ State: _____ Zip Code: _____

Foreclosure Sale Date: _____ Foreclosure Sale Time: _____

Foreclosure Sale Location: _____

Purchaser's Name(s): _____

Appraised Value at Loan Origination: _____

Net Amount Applied to Loan: _____

Date the Report of Sale Recorded: _____