

Government of the District of Columbia
Office of Tax and Revenue Recorder of Deeds
1101 4th Street, SW
Washington, DC 20024
Phone (202) 727-5374

NOTICE OF INTENTION TO FORECLOSE A RESIDENTIAL PROPERTY

(Pursuant to DC ST § 42-815)

Square	Suffix	Lot	
	dress of each owner of the real preserving instrument.)	roperty encumbered by said deed of	
То:			
From	Tele	phone	
THE DEED OF TR PROPERTY OR CO FORECLOSURE S	UST, MORTGAGE, OR OTHER ONDOMINIUM UNIT HEREIN DI SALE TO BE HELD ON	O SATISFY THE DEBT SECURED BY SECURITY INSTRUMENT, THE REAL ESCRIBED WILL BE SOLD AT A	
20, AT THE	OFFICE OF		
PERIOD NOT TO I	EXCEED THIRTY (30) CALENDA	JECT TO POSTPONEMENT FOR A AR DAYS FROM THE ORIGINAL DATE NOTICE OF FORECLOSURE SHALL	
Security instrumen	t recorded in the land records of	the District of Columbia at the Recorder of	
Deeds on			
Instrument No:		<u>.</u>	
Maker of the Note secured by the instrument (including last known address and telephone number):			
Description of prop	perty:		
(two-story bri	ck, dwelling, apartment building, vacant l	ot, condominium unit, etc.)	
Address:			
Square:	Parcel No: _	Lot:	



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Holder of Note (including name, address and telephone number):

Square	Suffix	Lot		
The current balance ov	ved on the note is \$	The amour	nt of	
\$	is needed to cure	the default (of which		
\$,as of the date of this	Notice, are fees and costs in	curred).	
Additional fees,costs a	nd monthly payments reason	ably expected to be incurred	through the fifth	
business day prior to th	ne date of sale are \$	·		
Name, address and telephone number of the person to contact to stop the foreclosure sale:				
I hereby certify that a Notice of Intention to Foreclose a Residential Mortgage was sent to the present owner(s) of the real property encumbered by said deed of trust, mortgage, or other security instrument described above, by certified mail, return receipt and first class mail required on				
Date	Signature of	Note Holder, Agent or Prepa	ırer	
This Notice of Intention to Foreclose a Residential Mortgage was acknowledged before me on				
this	day of	, 20	by	
		(name of person) as		
		(type of authority, e.	g., officer,	
trustee, etc.) of on behalf of whom insti	rument was executed).	(n	ame of party	
Notary Public		My Commission Expires:		

When recorded, mail to:

Mediation Certificate No:

Certificate Expiration Date: