



Publication Authorization

T.S. Officer _____
T.S. No. _____
Your Ref. _____

We may begin publication of the Notice of Trustee's Sale after _____. According to the information in our file, the record owner(s) are shown as _____

It is important that you verify the following information by signing and returning this letter before _____

TO:

1. You are to demand payment in full and commence publication of the Notice of Sale. ! Yes ! No
2. Signed and dated receipts for all allowable expenditures have been presented to you, except as set forth below:
3. Section 2924f of the California Civil Code provides that if the property has no street address or other common designation, the Notice of Sale shall contain the name of the beneficiary at whose request the sale is to be conducted and a statement that directions may be obtained pursuant to a written request submitted to the beneficiary within 10 days from the first publication of such notice. Directions shall be deemed reasonably sufficient to locate the property if information as to the location of the property is given by reference to the direction and approximate distance from the nearest crossroads, frontage road, or access road. Our records indicate the property address to be _____
4. Please indicate any corrections when returning this form.
5. Property is (please check) _____ Improved Property _____ Unimproved property.
6. I have granted the property owner additional time to reinstate. Yes No Time: _____
7. If there have been any partial reconveyances, please describe (including recording information):
8. I have not received a notice, oral or written, that the property owner is involved in a Federal bankruptcy proceeding or has taken action to restrain this Trustee's Sale.

When returning your letter please enclose your check for \$ _____ which represents the balance of the trustee's fee and expenses.

**BENEFICIARY MUST COMPLETE FORM
AUTHORIZATION TO PUBLISH
T.S. No. _____**



The Beneficiary states that they have no knowledge of any attempt by the Trustors in accordance with the provisions of any Truth in Lending Act to rescind the Deed of Trust being foreclosed.

I/we hereby authorize and empower Chicago Title Company to publish, record, and mail a Notice of Trustee's Sale under your above Trustee Sale number, and to do any other act that may be necessary and convenient in connection therewith. I understand the estimated opening bid for the Notice of Trustee's Sale will be derived from the figures submitted by me and will include the Trustee's fee and expenses.

Unpaid principal balance:		\$ _____
Interest from _____ @ _____ %		
ADVANCES:*		
Date _____ Reason _____		\$ _____
Date _____ Reason _____		\$ _____
Date _____ Reason _____		\$ _____
Date _____ Reason _____		\$ _____
Date _____ Reason _____		\$ _____
Date _____ Reason _____		\$ _____

*Attach receipts or copies of cancelled checks
 Late charges (if applicable) \$ _____ @ \$ _____ ea. \$ _____
 Other: \$ _____

LESS: Credits (unapplied funds, rents, etc.)
 ESTIMATED FORECLOSURE FEE AND EXPENSES \$ _____
 (To be inserted by Trustee's Sale Officer)

During the 24 hours preceding the scheduled sale date and time, I can be reached at the following telephone number:
 (_____) _____ .

Date _____ By _____