



HOME MEANS NEVADA, INC.

A Non-Profit Entity Established by the
State of Nevada, Department of Business and Industry

Board of Directors

President – Shannon Chambers
Vice-President – Perry Faigin
Member at-large – Robin Sweet
Member at-large – Verise Campbell
Member at-large – Jennifer Yim

Request State of Nevada Foreclosure Mediation Certificate:

To request Home Means Nevada, Inc. issue a Certificate pursuant to Nevada Revised Statute 107.086(4), (7) or (8), as amended by Senate Bill 490 of the 2017 Legislative Session, the requester must provide a written request to Home Means Nevada, Inc. which must include the following information. Please include copies of the following applicable documents: a) copy of recorded Deed of Trust and Substitution, if applicable; b) copy of recorded subject Notice of Default; c) copy of proof of service of the Notice of Default; d) completed Mediation Certificate Request Form.

TS No:		APN:	
HOMEOWNER INFORMATION			
Homeowner Last Name:		First:	Middle:
Co-owner Last Name:		First:	Middle:
Trust/Estate/Business Title (if applicable):			
PROPERTY INFORMATION			
Property Street Address:			
Property City:	Property Zip Code:	Property County:	
DEED OF TRUST INFORMATION			
Deed of Trust Document Number:	Book :	Page:	Instrument Number:
NOTICE OF DEFAULT INFORMATION			
Notice of Default (NOD) Recording Date:		Date of Service of NOD as required by NRS 107.080:	
TRUSTEE INFORMATION			
Trustee Name:			
Trustee Contact Name:			
Trustee Mailing Address:			
Trustee Email Address (if wish to receive a copy of the Certification by electronic transmission):			

MEDIATION CERTIFICATE REQUEST DETAILS

Pursuant to Nevada Revised Statute 107.086(4), (7) or (8), as amended by Senate Bill 490 of the 2017 Legislative Session, as Trustee requests that you issue a State of Nevada Foreclosure Mediation Certificate for the following reason: _____

Note:

If the request is for the Reissuance of a State of Nevada Foreclosure Mediation Certificate, please provide information regarding the reason for a reissuance of a State of Nevada Foreclosure Mediation Certificate and include supporting documentation.

If the request is Court Ordered, please provide information regarding the reason for a Court Order of a State of Nevada Foreclosure Mediation Certificate and include supporting documentation.

The undersigned as a duly authorized representative of the Beneficiary/Trustee on the above-referenced Deed of Trust hereby affirms to the best of their knowledge:

- (1) The Trustee has served on the Grantor(s) of the above-referenced Deed of Trust, or the person(s) who holds title of record to the above-referenced property, a copy of the Notice of Default as required by NRS 107.086.
- (2) No rescission of the Notice of Default has been filed.
- (3) The property is an owner-occupied property as defined in NRS 107.086(19)(d) and satisfies the requirements for a Certificate as set forth in NRS 107.086(4) or (8) because either: (1) no Petition for Mediation was filed; (2) the Petition for Mediation was dismissed, and/or; (3) a Court Order was issued directing the issuance of a Certificate

Date:

By:

Signature

Print Name

CERTIFICATE RETURN INFORMATION

Company Name:

Contact Name:

Mailing Address: