



HOME MEANS NEVADA, INC.

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

President – Perry Faigin
VP/Treasurer – Vacant
Member at-large – Shannon Chambers
Member at-large – Jennifer Yim
Member at-large- John McCormick

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: | | | Proper | 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 co | any of the Cor | tification by aloc | ronic trar | nemissir | on). | | |

| 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: |) | | | | |
| 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. 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: