

FORECLOSURE SALE RESULTS

Please fax or email this form to Triad Guaranty within 7 days of the foreclosure sale date.

Certificate Number: _____ Servicer Loan Number: _____

Borrower Name: _____

Foreclosure Sale Date: _____ Redemption Expiration Date
(if applicable): _____

Investor Name: FNMA FHLMC Other (List Name and Address)
Name: _____
Address: _____
Investor Loan Number: _____

Estimated Total Debt: _____ Final Bid at Sale: _____

Successful Bidder: _____

Current Market Value of Property: _____ Date Completed: _____
 Appraisal* Interior BPO* Exterior BPO* (Check One)

**For value reimbursement, please include a copy of the BPO/Appraisal with your claim-for-loss submission.*

Listing Agent's Name: _____

Listing Agent's Telephone Number: _____

List Price of Subject Property: _____