



WHEN RECORDED MAIL TO:
Cooper Castle Law Firm, LLP
820 S. Valley View Blvd.
Las Vegas, NV 89107

T.S. No.: 10-02-2499-NV
Loan No.: 0035104181
APN: 1220-21-110-013
Title Report No.: 4405561
Property Address: 1282 Kyndal Way, Gardnerville, NV 89460

**NOTICE OF BREACH AND DEFAULT AND OF ELECTION TO CAUSE
SALE OF REAL PROPERTY UNDER DEED OF TRUST**

NOTICE IS HEREBY GIVEN THAT: THE COOPER CASTLE LAW FIRM, LLP, A MULTIJURISDICTIONAL LAW FIRM is the duly appointed Trustee under a Deed of Trust dated March 21, 2005, executed by Deborah Aronds, as Trustor in favor of Mortgage Electronic Registration Systems, Inc., recorded on March 24, 2005 and recorded as. Instrument 0639917 Book N/A Page n/A of Official Records in the office of the County recorder of Douglas County, Nevada securing, among other obligations:

One note(s) for the Original sum of \$285,200.00, that the beneficial interest under such Deed of Trust and the obligations secured hereby are presently held by the undersigned; that a breach of and default in the obligations for which such Deed of Trust is security has occurred or that payment has not been made of:

The installment of Principal, Interest, impounds and late fees which became due November 1, 2009 together with all subsequent installments of principal, interest, impounds, late fees and foreclosure fees and expenses. Any advances which may hereafter be made. All obligations and indebtedness as they become due and charges pursuant to said Note and Deed of Trust.

That by reason thereof the present Beneficiary under such deed of Trust has executed and delivered to said duly appointed Trustee a written Declaration of Default and Demand for Sale and has deposited with said duly appointed Trustee such Deed of Trust and all documents evidencing obligations secured thereby and has declared and does hereby declare all sums secured thereby immediately due and payable and has elected and does hereby elect to cause the trust property to be sold to satisfy the obligations secured thereby.

NOTICE

You may have the right to cure the default hereon and reinstate the one obligation secured by such Deed of Trust above described. Section NRS 107.080 permits certain defaults to be cured upon the Payment of the amounts required by that statutory section without requiring payment of that portion of principal and interest which would not be due had no default occurred. Where reinstatement is possible, if the default is not cured within 35 days following recording and mailing of this Notice to Trustor or Trustor's successor in interest, the right of reinstatement will terminate and the property may thereafter be sold. The Trustor may have the right to bring a court action to assert the nonexistence of a default or any other defense of Trustor to acceleration and Sale.



T.S. No.: 10-02-2499-NV
Loan No.: 0035104181
APN: 1220-21-110-013
Title Report No.: 4405561


To determine if reinstatement is possible and the amount, if any, to cure the default, contact:

Aurora Loan Serviecs LLC
C/O The Cooper Castle Law Firm, LLP
A MultiJurisdictional Law Firm
820 South Valley View Blvd.
Las Vegas, Nevada 89107
(702) 435-4175 Telephone
(702) 877-7424 Facsimile

BE ADVISED THAT THE COOPER CASTLE LAW FIRM, LLP A MULTI JURISDICTIONAL LAW FIRM IS ACTING AS A DEBT COLLECTOR AND IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION PROVIDED BY YOU WILL BE USED FOR THAT PURPOSE.

Dated: April 12, 2010

THE COOPER CASTLE LAW FIRM, LLP
A Multi-Jurisdictional Law Firm


By: 

Jessica Chester
Trustee Sale Officer

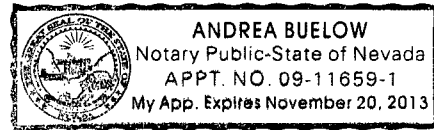
State of Nevada } ss.
County of DOUGLAS }

On April 12, 2010, before me, Andrea Buelow, Notary Public, personally appeared Jessica Chester personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature  (Seal)

Deborah Aronds / 10-02-2499-NV





STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM

ELECTION/WAIVER OF MEDIATION FORM

PROPERTY ADDRESS 1282 Kyndal Way, Gardnerville, NV 89460
TS # 10-02-2499-NV APN 1220-21-110-013
TRUSTEE The Cooper Castle Law Firm, LLP
DATE OF DOT March 21, 2005 Book/Pg/Inst Instrument 0639917 Book N/A Page n/A

*****ATTENTION—YOU MUST ACT WITHIN THIRTY (30) DAYS***
IF NO ACTION IS TAKEN, THE FORECLOSURE MAY PROCEED**

You have been served with a Notice of Default and Election to Sell, a copy of which is enclosed, that could result in the loss of your home. You may want to consult with an attorney concerning your rights and responsibilities.

The State of Nevada has created a mediation program for homeowners whose owner-occupied, primary residence is subject to foreclosure. Mediation is a process through which you and the lender meet with a neutral mediator to determine whether an agreement can be reached to cure any defaults in the loan or modify the terms of the loan to enable you to remain in your home. The mediator will be appointed by the Foreclosure Mediation Program Administrator. The mediator will **not** provide legal advice to either party. If you feel the need for legal representation, it is recommended that you retain an attorney to assist you in the mediation.

Your Name(s): _____
Address: _____

Co-owner's Name: _____
Address: _____

Phone No: () _____ (telephone)
() _____ (cellular)

Phone No: () _____ (telephone)
() _____ (cellular)

Email: _____

Email: _____

PLEASE SELECT ONE OF THE CHOICES BELOW AND RETURN COPIES IN ENCLOSED ENVELOPES.

 ELECTION OF MEDIATION The undersigned hereby request[s] that a mediation be scheduled to attempt to work out a resolution of the loan. (\$200.00 Money Order or Cashier's Check Applies – See Below)

Do you have an open Bankruptcy proceeding? _____ If so, date filed? _____

 WAIVER OF MEDIATION The undersigned is/are aware of the right to seek mediation but have determined that I/we do not want to proceed with a mediation and hereby waive the right to do so.

The undersigned hereby certify under the penalty of perjury that I/we are the owner[s] of the real property that is the subject of the pending foreclosure and occupy the real property as my/our primary residence.

Signature of Property Owner Date

Signature of Co-Owner Date

COMPLETE TWO COPIES OF THIS FORM AND FORWARD ONE TO THE MEDIATION ADMINISTRATOR AND THE OTHER TO THE TRUSTEE OF THE DEED OF TRUST. TWO UNSTAMPED, PRE-ADDRESSED ENVELOPES HAVE BEEN ENCLOSED.

IF YOU HAVE CHOSEN TO SEEK MEDIATION, YOU MUST SEND A MONEY ORDER OR CASHIER'S CHECK IN THE SUM OF \$200 PAYABLE TO: "STATE OF NEVADA FORECLOSURE MEDIATION PROGRAM." THIS PAYMENT AND THE FORM MUST BE RETURNED **TO THE ADMINISTRATOR** WITHIN THIRTY (30) DAYS OF THE DATE THE NOTICE OF DEFAULT AND ELECTION TO SELL WAS MAILED TO YOU.

PAYMENT MUST BE SENT TO THE ADMINISTRATOR IN THE ENVELOPE THAT WAS ENCLOSED WITH THIS FORM.



STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM

ELECTION/WAIVER OF MEDIATION FORM
Instructions

To the Trustee:

You must fill out the top box on the Form including the Property Address and the Assessor's Parcel Number [APN].

To the Homeowner:

You are not eligible to participate in this program if you filed bankruptcy on or after July 1, 2009, unless you have been discharged from the bankruptcy or the court has entered an order allowing you to be part of the Nevada Foreclosure Mediation Program. If you have an open bankruptcy, please fill in the date on which the bankruptcy was filed on the attached form.

The ELECTION/WAIVER OF MEDIATION form has been provided to you by the Trustee. (You may make additional copies if needed.) You must fill out the two copies of the form so that the same information is included on both copies of the forms. You must fill in the blanks on both forms and make your election to either request mediation or waive mediation.

Print your name and address in the spaces provided. Include your telephone numbers and your email address. If you have a co-owner, their name, address, phone numbers and email address should be included. This information will only be used for the mediation process.

In the designated location, you must select (with a check mark or "X") one of two choices. You may only select one of the two options. Either select:

1. "___ ELECTION OF MEDIATION" if you choose to enter into the Mediation Program;

OR

2. "___ WAIVER OF MEDIATION" if you do not want to participate in the foreclosure Mediation Program.

You must then sign and date each form. **NOTE** that by signing the form you are certifying under penalty of perjury that you own and occupy the subject property as your primary residence.

One copy of the form must be mailed to the Trustee of the deed of trust by certified mail, return receipt requested, and one copy of the form must be mailed to the Mediation Administrator. The envelopes provided are pre-addressed to the Trustee and Mediation Administrator. **You must mail the envelope to the ADMINISTRATOR no later than thirty (30) days after the date the Trustee mailed you the form and the Notice of Default.** You will need to pay the postage for the mailings.

If you elect mediation, you must **include the \$200.00 mediation fee along with the form in the envelope addressed to the Administrator.** The \$200.00 mediation fee must be paid in the form of a Money Order or Cashier's Check and made payable to: "State of Nevada Foreclosure Mediation Program".

If you choose to forego or waive mediation, there is no need to send the \$200.00 mediation fee. However, whether you elect to enter into the mediation program or elect not to participate in mediation, **both forms should be mailed.** If you do not mail the forms to the Trustee and the Mediation Administrator, you will not be allowed to participate in the mediation program and the foreclosure will proceed. **This is your only opportunity to elect to participate in the foreclosure mediation process.**