APN: 1318-15-610-020

When recorded mail to:

Mortgage Lender Services, Inc. 81 Blue Ravine Road, Suite 100 Folsom, CA 95630 DOC # 797326

02/14/2012 03:38PM Deputy: SG
 OFFICIAL RECORD
 Requested By:
First American National Deputy: NV
 Karen Ellison - Recorder
Page: 1 of 7 Fee: \$220.00
BK-212 PG-2691 RPTT: 0.00

Title Order No. 6469210 Trustee Sale No. fc28637-21 Loan No. 1292

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

NOTICE IS HEREBY GIVEN THAT: MORTGAGE LENDER SERVICES, INC., is either the original trustee, the duly appointed Trustee, substituted trustee or acting as agent for the trustee or beneficiary under a Deed of Trust dated  $\underline{02/11/2005}$ ,

executed by SCOTT E CHASTAIN AND KATHERINE L. CHASTAIN as Trustor,

in favor of BANK OF SACRAMENTO as Beneficiary, recorded on FEBRUARY 18, 2005 AS DOCUMENT NO. 0637121 of Official Records in the Office of the Recorder of Douglas County, State of Nevada. describing land therein as: As more fully described in said Deed of Trust. The common designation is purported to be: 333 UTE WAY, ZEPHYR COVE, NV 89448

Securing, among other obligations, one note(s) for the original sum of \$650,000.00 that the beneficial interest under such Deed of Trust and the obligations secured thereby are presently held by the below set out beneficiary; that a breach of the obligations for which said Deed of Trust is security has occurred in that payment has not been made of: THE PRINCIPAL AND ACCRUED INTEREST REQUIRED UNDER THE NOTE, THE DEED OF TRUST, THE BUSINESS LOAN AGREEMENTS, THE COMMERCIAL SECURITY AGREEMENTS AND THE COMMERCIAL GUARANTY WHEN THE NOTE BECAME DUE IN FULL AFTER ACCELERATION TOGETHER WITH RECEIVERSHIP COSTS, ATTORNEY FEES, FORECLOSURE FEES, ADVANCES TO SENIOR LIENS, INTEREST, INSURANCE, TAXES AND ASSESSMENTS.

That by reason thereof, the present beneficiary under such Deed of Trust, has executed and delivered to said Trustee, a written Declaration of Default and Demand for Sale, and has deposited with said 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 herein and reinstate the obligation secured by such Deed of Trust above described. Section 107.080 NRS permits certain defaults to be cured upon the payment of the amounts required by that 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

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within 35 days following the recording and mailing to Trustor or Trustor's successor in interest of this notice, the right of reinstatement will terminate and the property may thereafter be sold.

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

BANK OF SACRAMENTO c/o MORTGAGE LENDER SERVICES, INC. 81 Blue Ravine Road, Suite 100, Folsom, CA 95630 (916) 962-3453

You may contact Bank of Sacramento to negotiate a loan modification at (916) 648-2629

You may contact a local housing counseling agency approved by the United States Department of Housing and Urban Development (HUD):

Consumer Credit Counseling Service, 841 E 2<sup>nd</sup>, Carson City NV 89701 (800)451-4505 or

Neighborhood Assistance Corp of America, 5765 S Rainbow Bl#102, Las Vegas NV 89118 (888)297-5568

Date: 2/13/12

MORTGAGE LENDER SERVICES, INC.

y: Sara Berens, Senior Vice President

MORTGAGE LENDER SERVICES, INC., MAY BE A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

State of California

County of Sacramento

On February 13, 2012 before me, Kimberli L. Sinerius, Notary Public, personally appeared Sara Berens who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



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## Exhibit NRS 107.080 Compliance Affidavit Version 10/01/11

# AFFIDAVIT OF AUTHORITY TO EXERCISE THE POWER OF SALE

Property Owners:	Trustee Address:
Scott E Chastain and Katherine L. Chastain	81 Blue Ravine Road, Suite 100
Scott E Chastain and Radietine E. Chastain	Folsom, CA 95630
	10130th, CA 75050
Property Address:	Deed of Trust Document Instrument Number
333 Ute Way	<u>0637121</u>
Zephyr Cove, NV 89448	\
STATE OF California )	
	ss:
COUNTY OF Sacramento )	
The affiant, Edmund	
The affiant, Panonei	being first duly sworn upon oath,
	penalty of perjury attests that I am the beneficiary or
	f the beneficiary or trustee, of the deed of trust
	ction to sell to which this affidavit is attached ("Deed
of Trust").	] ]
	nowledge, and under penalty of perjury, to the
following information, as required by NR	.S 107.080(2) (c):
1. The full name and business address of the	e trustee or the trustee's representative or assignee is:
_	81 Blue Ravine Road, Suite 100
Mortgage Lender Services, Inc.	Folsom, Sacramento County, CA 95630
Full Name	Street, City, County, State, Zip
/ /	

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The full name and business address of the current holder of the note secured by the Deed of Trust is:

Bank of Sacramento

1750 Howe Ave., #100, Sacramento, CA 95825

Full Name

Street, City, County, State, Zip

The full name and business address of the current beneficiary of record of the Deed of Trust is:

Bank of Sacramento

1750 Howe Ave., #100, Sacramento, CA 95825

Full Name

Street, City, County, State, Zip

The full name and business address of the servicers of the obligation or debt secured the Deed of Trust is:

Bank of Sacramento

1750 Howe Ave., #100, Sacramento, CA 95825

Full Name

Street, City, County, State, Zip

2. The full name and last known business address of the current and every prior known beneficiary of the Deed of Trust, is:

Bank of Sacramento

1750 Howe Ave., #100, Sacramento, CA 95825

Full Name

Street, City, County, State, Zip

(List additional known beneficiaries in the same format)

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3. The beneficiary, successor in interest of the beneficiary, or trustee of the Deed of Trust, has actual or constructive possession of the note secured by the Deed of Trust.

- 4. The trustee has the authority to exercise the power of sale under Chapter 107 of NRS with respect to the property encumbered by the Deed of Trust, pursuant to the instruction of the beneficiary of record and the current holder of the note secured by the Deed of Trust.
- 5. The following is information regarding the amount in default, the principal amount secured by the Deed of Trust, a good faith estimate of fees imposed and to be imposed because of the default and the costs and fees charged to the debtor in connection with the exercise of the power of sale:
  - a. The amount of missed payments and interest in default is \$551,057.54
    - b. The amount of fees charged to the debtor in connection with the exercise of power of sale is \$637.74
  - c. The principal amount secured by the Deed of Trust is \$129,548.00
    - d. A good faith estimate of all fees imposed and to be imposed because of the default is \$1.295.48
    - e. A good faith estimate of the total costs and fees to be charged to the debtor in connection with the exercise of the power of sale is \$4,095.48
- 6. The following is information regarding the instrument(s) that conveyed the interest of each beneficiary:

2/18/05 Date 0637121

Document Instrument Number

Revolving Credit Deed of Trust Name of Document Conveying Interest of Beneficiary

(List information regarding prior instruments in the same format)

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7. Following is the true and correct signature of the affiant:	1
Dated this 8th day of February, 2012.	
Affiant Name: Edmund Gee	
Signed By:	\ \
Print Name: Edmund Gee	7 1
STATE OF	
COUNTY OF SS;	
On this day of, 20, personally app	eared
before me, a Notary Public, in and for said Sounty and State,  known to recto be the persons described in and	who
executed the foregoing instrument in the capacity sets orth therein, who acknowledge that he/she executed the same freely and voluntarily and for the uses and purposes the	ed to me
mentioned.	orom
NOTARY PUBLIC IN AND FOR SAID C	YZMUC
AND STATE	

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### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California	}
County of Sacrative 170	Here Insert Name and Title of the Officer  Name(s) of Signer(s)
On Portuary S, Colore me, VUTS	Here Insert Name and Title of the Officer ,
personally appeared <u>Edmund</u> 6	See
	Name(s) of Signer(s)
VATSANA PHOMMATHETH COMM. #1942783 Notary Public-California SACRAMENTO COUNTY My Comm. Exp. JULY 27, 2015 Place Notary Seal Above	who 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/he/their authorized capacity(ies), and that by his/he/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  Signature Signature of Notary Public
/ 1 /	IONAL
	may prove valuable to persons relying on the document eattachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	/
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
□ Individual	☐ Individual
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact ☐ General RIGHT: HUMBPRIN DESIGNER	
☐ Trustee Top of thumb here	☐ Trustee Top of thumb here
☐ Guardian or Conservator	☐ Guardian or Conservator
□ Other:	☐ Other:
Signer Is Representing:	Signer Is Representing: