DOUGLAS COUNTY, NV

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10/17/2017 09:01 AM

HARMONY TITLE AGENCY
KAREN ELLISON, RECORDER

FORECLOSURE COMMISSIONER DESIGNATION

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

TRUSTEE CORPS 17100 Gillette Ave Irvine, CA 92614

FORECLOSURE COMMISSIONER DESIGNATION

TO: MTC Financial, Inc., dba Trustee Corps 17100 Gillette Ave Irvine, CA 92614

Pursuant to Section 805 of the Single Family Mortgage Foreclosure Act of 1994 ("Act"), codified at 12 U.S.C. § 3754, and Section B(11) of the Consolidated Redelegation of Authority to the Office of General Counsel, 76 Fed. Reg. 42463, published on July 18, 2011, MTC Financial, Inc., dba Trustee Corps is hereby designated as a single family foreclosure commissioner to act on behalf of the Secretary of Housing and Urban Development to conduct non-judicial foreclosures in the States of Arizona, California, and Nevada of the mortgages that may be referred to you by the Department of Housing and Urban Development. A copy of the Act, as codified at 12 U.S.C. §§ 3751-3768, is enclosed, along with the Final Rule and Appendix published in the *Federal Register* at 61 Fed. Reg. 48546 on September 13, 1996, codified at 24 C.F.R. part 27, subpart B. Foreclosures that are referred to you are to be conducted pursuant to the Act, the regulations, and the letter and instructions that will be given to you at the time of referral of a case.

As foreclosure commissioner, you are a fiduciary and not an employee of the Department of Housing and Urban Development or of the Federal government. You will be responsible for your actions as any other fiduciary.

The commission that will be paid to you upon completion of a non-judicial foreclosure is \$1,350.00 for Arizona, \$1,425.00 for California, and \$1,525.00 for Nevada. A percentage of that amount will be paid for cases that are withdrawn by HUD, based on the following schedule: 20% for work completed up to "service" of the Notice of Foreclosure and Sale; and 80% when the Notice of Foreclosure and Sale has been "served," including the start of publication, or posting if required.

This Designation is effective immediately and can be revoked with or without cause pursuant to the Act. An original and two copies of this Designation are enclosed. Please sign and date them, providing your Tax Identification or Social Security Number, notarize, and return one copy to Kimberly Nash at 1 Sansome Street, 12th Floor, San Francisco, CA 94104.

BEN CARSON SECRETARY OF HUD

Regional Counsel

Dated this **2** Enclosures:

12 U.S.C. § 3751-37686

61 Fed. Reg. 48546 (9/13/96)

24 C.F.R., part 27, subpart B

California Notary Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| | | | | 7 |
|--|-----------------------|-------------------|-----------------------|--|
| State of California |) | | | / |
| County of Can Eranaicaa |) ss. | | | |
| County of San Francisco | } | | | |
| D | | | / / | 1 |
| On <i>Sept 20</i> , 20 <i>17</i> appeared <mark>Kimberly Y. Nash</mark> | , before me, <u>(</u> | 1. A. Wagne | , Notary Pi | ublic, personally |
| appearéd Kimberly Y. Nash | ı, who proved to | me on the basis | of satisfactory evi | dence to be the |
| person(s) whose name(s) is/ar | e subscribed to t | he within instrur | ment and acknowle | edged to me that |
| he/she/they executed the same | in his/her/their | authorized capac | city(ies), and that b | oy his/her/their |
| signature(s) on the instrument | | | | |
| executed the instrument. | 1 | | | 1 |
| excedict the historial | | | | |
| I certify under PENALTY C | OF PERJURY 1 | ınder the laws o | f the State of Cal | ifornia that the |
| foregoing paragraph is true | | | | |
| roragoing paragraph is 1 ar | | | | |
| WITNESS my hand and offici | ial seal | / / | (Seal) | |
| William and office | iai seii. | \ \ | (000) | |
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| _ \ \ \ | | 1 | WACANA WACANA | <i>i</i> . |
| 0 | W(1000) |]] | WHITE CHUBLIC CEA | The state of the s |
| Signature: <u>C.U.</u> | yugner | / / , | | W. |

My Commission Expires: 7-23-2019

ACCEPTANCE OF DESIGNATION

| I,, hereby accept designation as a |
|---|
| Foreclosure Commissioner and agree to abide by the provisions of my appointment, the Act referred to above, the regulations, and the Instructions as provided to me by HUD. |
| Date: 10/10/17 MTC Fingneigl, Inc., dbg Trustee Corps Name of Firm By: 1/5 1/6 |
| (Print Name) Miguel Ochoa |
| <u>33 – 05 22 6 53</u> . Tax I.D. or Social Security No. |
| Notary Acknowledgment |
| A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. |
| State of <u>California</u>) ss. County of <u>Orange</u>) |
| On 10/10, 2017, before me, Yvette Miranda , Notary Public, personally appeared 10/00, 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 Calfornic that the foregoing paragraph is true and correct. |
| WITNESS my hand and official seal. Signature Yvette Miranda (Seal) YVETTE MIRANDA Notary Public - California Orange County Commission # 2192529 My Comm. Expires Apr 20, 2021 |

ACCEPTANCE OF DESIGNATION

| | I, Tina Godov, hereby accept designation as a | | | | |
|---|--|--|--|--|--|
| | Foreclosure Commissioner and agree to abide by the provisions of my appointment, the Act | | | | |
| | referred to above, the regulations, and the Instructions as provided to me by HUD. | | | | |
| | Date: 10/10/17 MTC Financial Inc. DBATrustee Corps | | | | |
| | Name of Firm | | | | |
| | By: John Galoy | | | | |
| | (Print Name) Tina Goddy | | | | |
| | 33-0522653 | | | | |
| | Tax I.D. or Social Security No. | | | | |
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| | Notony Asknowledomost | | | | |
| | Notary Acknowledgment | | | | |
| | A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. | | | | |
| | State of California) | | | | |
| |) ss. | | | | |
| | County of Orange) | | | | |
| | | | | | |
| ř | On 10 10, 2017, before me, Yvette Miranda , Notary Public, personally | | | | |
| | appeared, who proved to me on the basis of satisfactory evidence to be the person (s) whose name(s) is/are subscribed to the within | | | | |
| ŕ | 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 <u>California</u> that the foregoing paragraph is true and correct. | | | | |
| | | | | | |
| h | WITNESS my hand and official seal. (Seal) | | | | |
| | Notary Public - California Orange County | | | | |
| | Signature Commission # 2192529 My Comm. Expires Apr 20, 2021 | | | | |
| | Yvette Miranda | | | | |
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