

Residential Private Mortgage Note / Deed-Trust Worksheet

CAMERON CAPITAL CONSULTING

Date: _____
Address: **1280 Bison B9 532** _____
City: **Newport Beach** _____ State: **CA** _____ ZIP: **92660** _____
Phone **(949) 387-3941** _____ Fax **(949) 387-6904** _____
E-Mail: JPC@CameronCapitalConsulting.com

Note Holder's Current Information

Name: _____
Street address _____ County _____
City _____ State _____ ZIP _____
Phone #: _____
Facsimile #: _____
E-Mail: _____

Property Information for Consideration of Note Sale

Street address _____ County _____
City _____ State _____ ZIP _____
Current estimated value \$ _____ Based on _____
Residential Single-family Multi-family
 Owner-occupied Rental

Description of Real Estate Property & Area

Historical Information

Date of sale _____
Selling price \$ _____
Down payment \$ _____
First lien \$ _____
Second lien \$ _____

Note Information

Date of note _____
Amount \$ _____
Term in months _____ (a) _____ (b)
Payment amount \$ _____
Balloon amount \$ _____
Balloon date _____
Interest rate _____ %
Due date 1st pmt _____
of pmts paid _____
of pmts left _____
Next pmt due _____
Balance \$ _____

Quote

Buy Total Note \$ _____
Buy _____ pmts for \$ _____
Buy _____ pmts for \$ _____
Date of quote _____

/mortgage

Prior Mortgage Information (if any)

Payor Information

(Employment info, payment history, SSN) _____

Seller's Motivation/Need

We have copies of the following:

Note	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security instrument	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sales contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payor credit report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Closing statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bill of sale	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior mortgage info	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment history	<input type="checkbox"/> Yes	<input type="checkbox"/> No