

BID

To: Thomas S. Mowle, Public Trustee of the County of El Paso, State of Colorado (hereinafter the "officer").

Date: _____

_____, whose mailing address is _____, bids the sum of \$_____ in your Sale No. _____ to be held on the _____ day of _____, 20__.

The following is an itemization of all amounts due the holder of the evidence of debt secured by the deed of trust or other lien being foreclosed.

Street address of property being foreclosed, if known: _____

Regular [] / Default [] rate of interest as of the date of sale: _____

(Inapplicable items may be omitted):

Amounts due under the evidence of debt:

Principal \$ _____
Interest _____
Late charges _____
Allowable prepayment penalties or premiums _____
Other amounts due under the evidence of debt (specify) _____
Category subtotal: _____

Other fees and costs advanced by the holder of evidence of debt:

Property, general liability, and casualty insurance _____
Property inspections _____
Appraisals _____
Taxes and assessments _____
Utility charges owed or incurred _____
Homeowners' association assessment paid _____
Permitted amounts paid on prior liens _____
Permitted lease payments _____
Less impound/escrow account credit _____
Plus impound/escrow account deficiency _____
Other (describe) _____
Category subtotal: \$ _____

Attorney fees and advances:

Attorney fees _____
Title commitments and insurances or abstractor charges _____
Court docketing _____
Statutory notice _____
Postage _____
Electronic transmissions _____
Photocopies _____
Telephone _____
Other (describe) _____
Category subtotal: \$ _____

Officer fees and costs:

Officer statutory fee _____
Publication charges _____
Other (describe) _____
Category subtotal: \$ _____

Total due holder of the evidence of debt

Bid \$ _____
Deficiency \$ _____

I enclose herewith the following:

- 1. Order authorizing sale.
2. Check (if applicable) to your order in the sum of \$_____ covering the balance of your fees and costs.
3. Other: _____

Please send us the following:

- 1. Promissory Note with the deficiency, if any, noted thereon
2. Refund for overpayment of officer's fees and costs, if any
3. Other: _____

Name of the holder of the evidence of debt and the attorney for the holder
Holder: _____
Attorney: _____
By: _____
Attorney registration number: _____
Attorney address: _____
Attorney business telephone: _____