CONVEYANCE STATUS REPORT

PURPOSE: This report is to notify Administrator/MSD of monthly process of filing claims,

receipt of proceeds and remittance to the Veterans Land Board (VLB).

SUBMISSION

REQUIREMENTS: This report is to be submitted by the 10th calendar day of each month until all

monies are received.

PREPARATION INSTRUCTIONS

The numbers on the illustrated form correspond to the numbers listed below.

- (1) Loan number assigned by the Servicer.
- (2) Individual case number assigned by the Private Mortgage Insurer.
- (3) Individual nine-digit loan number assigned by the Administrator/MSD.
- (4) Type of loan.
- (5) Full name of the current Mortgagor.
- (6) Mortgagor's complete property address.
- (7) Date Foreclosure Sale held.
- (8) Date property conveyed (partial filed) to Insurer/Guarantor.
- (9) Circle applicable item to where property was conveyed.
- (10) Date VA approved Refund.
- (11) Date Refund claim was filed with VA.
- (12) Date partial/refund claim was returned or rejected by VA/FHA.
- (13) Date partial/refund claim was re-filed or returned to VA/FHA.
- (14) Date followed up with VA/FHA for status of proceeds.
- (15) Date followed up with VA/FHA for status of proceeds.
- (16) Date acquisition (partial)proceeds or refund proceeds were received by servicer's office.
- (17) Date funds were sent to VLB.

- (18) Date foreclosure remittance summary (FRS) was sent to Administrator/MSD.
- (19) Circle the applicable entity with whom the final claim was filed.
- (20) Date final claim was filed with VA/FHA.
- (21) Total amount of final claim.
- (22) Date final claim was returned or rejected by VA/FHA.
- (23) Date final claim was re-filed or returned to VA/FHA.
- (24) Date followed up with VA/FHA for status of proceeds.
- (25) Date followed up with VA/FHA for status of proceeds.
- (26) Date final settlement was received.
- (27) Amount of final settlement received.
- (28) Circle the applicable entity with whom the final claim proceeds were received.
- (29) Date final claim proceeds were sent to the VLB.
- (30) Date foreclosure remittance summary (FRS) sent to Administrator/MSD.
- (31) Circle the applicable entity from whom the supplemental claim was filed.
- (32) Date supplemental claim was filed if applicable to Administrator/MSD.
- (33) Amount of supplemental claim.
- (34) Reason supplemental claim was filed.
- (35) Date supplemental funds sent to the VLB.
- (36) Date foreclosure remittance summary (FRS) was sent to the Administrator/MSD.
- (37) Additional comments explaining all delays in filing claims and remitting funds to the VLB.
- (38) Servicer's name.
- (39) Date report completed.
- (40) Servicing company's address.

- (41) Printed name of person preparing form.
- (42) Telephone number of person preparing form.
- (43) Fax / Email



Nationstar Mortgage LLC 8740 Lucent Blvd , Suite 600 Highlands Ranch, CO 80129

EMAIL: MSTVLBLLRequests@nationstarmail.com

		С	ΟΝVΙ	EYAN	CE	/ REFUNI	D STATUS REPORT	er.		
SVCR LOAN NO.:	1			:02			INSURER/GUAR NO:	220	2	
INVESTOR (MSD) NO:	3			_		PROGRAM:	Veterans Land Board	LOAN TYPE:	4	
MORTGAGOR NAME:	5			10/						
PROPERTY ADDRESS:	6									
DATE F/C SALE WAS HELD:		85	7		-/2		DATE PARTIAL FILED:	·	8	
PROPERTY CONVEYED TO:	(CIRCLE)		VA	FHA	M	REO	OTHER:	V.	9	
DATE VA APPROVED REFUI	ND:		10				_DATE REFUND CLAIM FILE	ED:	11	
DATE PARTIAL OR REFUND CLAIM RETURNED:				12			_DATE PARTIAL OR REFUN	ID CLAIM REFILE	D: 13	
DATE FOLLOWED UP WITH VA/FHA:			14				DATE FOLLOWED UP WITH VA/FHA:		15	
DATE PARTIAL OR REFUND PROCEEDS REC'D:				16			_DATE PROCEEDS SENT T	0 V <u>LB:</u>	17	
DATE FORECLOSURE REMI	TTANCE SU	MMARY	SENT 1	O THIS	OFF	FICE:	18			
FINAL CLAIM FILED WITH: (CIRCLE) VA			FHA	M	1		19			
DATE FINAL CLAIM FILED:			20				CLAIM AMOUNT:	\$	21	
DATE FINAL CLAIM RETURNED:			22		->:		DATE FINAL CLAIM REFILE	ED:	23	
DATE FOLLOWED UP WITH VA/FHA:			24		=30 =80		DATE FOLLOWED UP WIT	H VA/FHA:	25	
DATE FINAL PROCEEDS RECD:			26				AMOUNT RECEIVED:	\$	27	
RECEIVED FROM (CIRCLE):		VA	FHA	MI		POOL INS	URER 28	,		
DATE FINAL PROCEEDS SENT TO VLB:					29					
DATE FORECLOSURE REMI	TTANCE SU	MMARY	SENT 1	O THIS	OFF	FICE:	30			
SUPPLEMENTAL CLAIM FILE	ED WITH: (CIRCLE)	VA	FH	A	MI	POOL INSURER	— 31		
DATE SUPPLEMENTAL CLAIM FILED (if applicable):				32	2		AMOUNT:	\$	33	
REASON SUPPLEMENTAL C	LAIM FILED	r.	\$0 \$0				_ 34	800		
DATE SUPPLEMENTAL PROCEEDS SENT TO VLB if applicate				licable:	le e	35	DATE FRS SENT TO MSD	8	36	
EXPI COMMENTS:							OCEEDS ARE DUE BY THE LAYS IN FILING OF CLAIMS			UR OFFICE
FROM:										
COMPANY NAME:			38					DATE: _	39	
COMPANY ADDRESS: _			40							
PREPARED BY:			41							
TELEPHONE NO.:			42				FAX/EI	MAIL	43	