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ANA MARIA PETERS-RUDDICK  
Public Trustee

**INTENT TO CURE**

**FORECLOSURE NUMBER:** \_\_\_\_\_ **Employee's initials** \_\_\_\_\_

Please legibly print or type the following information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Recorded Deed of Trust information:**

Date of Deed of Trust: \_\_\_\_\_

Recording date and reception number: \_\_\_\_\_

To Whom It May Concern:

Please let this serve as written notice of my Intent to Cure my loan. I am requesting that the Public Trustee's Office obtain a written statement of the amount necessary to cure. I understand that I must bring in certified funds or cashier's check by noon on the day before the scheduled sale date in order to cure this loan.

\_\_\_\_\_(Original Signature of Owner/Grantor required)

**PROCEDURE**

Filing your intent implies that you have read and understand the following:

- The Office of the Public Trustee will request figures from the attorney for the foreclosing party (i.e. Mortgage Co). This office will not provide you with figures until we have a copy of this form completed with an original signature.
- An Intent of Cure must be filed at least 15 days prior to the date the foreclosure sale is scheduled.
- Acceptable funds for the full amount of the cure must be received in the office by noon the day before the scheduled sale date.

To request a payoff amount prior to sale, please contact the foreclosing attorney.