



## Registration Form for Defaulted or Foreclosed Property

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### Instructions:

- A. One (1) completed form is required for each individual property.
- B. Complete this Registration Form and submit via email as a pdf to the Administrative Assistant at: [eosburn@wenatcheewa.gov](mailto:eosburn@wenatcheewa.gov)
- C. \$300 fee initial registration fee is required either by credit card or check (information at top). Re-registration is every 6 months thereafter.

[Wenatchee City Code 2.12](#)

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### PROVIDE ALL INFORMATION AS SPECIFIED

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

Year of Registration: \_\_\_\_\_

Defaulted/Foreclosed Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: WA Zip Code: \_\_\_\_\_

Assessor's Parcel No.: \_\_\_\_\_

StructureType: \_\_\_\_\_

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### Please specify Designated Contact for registration renewals and payments:

Company Name: \_\_\_\_\_ Type: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

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*Any changes to the information provided on this registration, including change of title, shall be reported in writing within 10 days of the change. Refer to [WCC2.12.050](#) for more information.*

**Notice of Default:**

Notice of Default Document Recording No.: \_\_\_\_\_ Recordation Date: \_\_\_\_\_

If rescinded, provide: Document Recording No.: \_\_\_\_\_ Recordation Date: \_\_\_\_\_

*The responsible party for a property in default, shall register the property within 10 calendar days of issuing a Notice of Default (WCC Section 2.12.050).*

**Foreclosure Sale/Trustee Sale:**

Has a Trustee's Deed Upon Sale been recorded? \_\_\_\_\_

If "yes," provide: Trustee Sale Document No.: \_\_\_\_\_ Recordation Date: \_\_\_\_\_

Did the Beneficiary acquire title to the property at the Trustee Sale? \_\_\_\_\_

*All previously-registered properties that remain in the foreclosure process or real estate owned (REO) MUST be re-registered and the renewal fee paid every six months thereafter.*

**Beneficiary:** (NOTE: The Beneficiary is not the servicing agent, the trustee or the trustor.)

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

Beneficiary Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

Designated Agent: \_\_\_\_\_

Designated Agent Contact Name: \_\_\_\_\_

Designated Agent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Designated Agent Email Address: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

**Are you the Beneficiary or the Designated Agent?**

\_\_\_\_\_

**Local Property Manager Information:**

Property/Asset Manager: \_\_\_\_\_

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

Contact Cell Phone No: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Property Manager Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Property Status:**

Is the property currently vacant? \_\_\_\_\_