



HOME MEANS NEVADA, INC.
*A Non-Profit Entity Established by the
 State of Nevada, Department of Business and Industry*

Board of Directors

*President – Shannon Chambers
 Vice-President – Perry Faigin
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**STATE OF NEVADA FORECLOSURE MEDIATION PROGRAM
 WAIVER**

Pursuant to Nevada Revised Statute 107.086, you may elect to waive your right to mediation under the Nevada State Foreclosure Mediation Program. If you choose to waive your rights, you must sign this form and return it to Home Means Nevada, Inc. and your trustee with the enclosed self-addressed stamped envelope.

HOMEOWNER'S FIRST NAME _____ HOMEOWNER'S LAST NAME _____

CO-OWNER'S FIRST NAME _____ CO-OWNER'S LAST NAME _____

PROPERTY STREET ADDRESS _____

PROPERTY CITY _____ STATE _____ ZIP CODE _____

THE UNDERSIGNED HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I/WE ARE THE OWNER[S] OF THE REAL PROPERTY THAT IS SUBJECT OF THE PENDING FORECLOSURE AND OCCUPY THE REAL PROPERTY AS MY/OUR PRIMARY RESIDENCE. I/WE HEREBY CERTIFY THAT I/WE ELECT TO WAIVE MY/OUR RIGHTS UNDER THE FORECLOSURE MEDIATION PROGRAM AND DO NOT ELECT MEDIATION.

Signature of Property Owner _____ Date _____

Signature of Co-Owner _____ Date _____

**Address:
 Home Means Nevada, Inc
 3300 West Sahara Ave Suite 480
 Las Vegas, NV 89102
 (702) 486-8180**

STATE OF _____)
) ss:
 COUNTY OF _____)

On this ____ day of _____, 20____, personally appeared before me, a Notary Public, in and for said County and State, _____, known to me to be the persons described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that he/she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE