CITY OF CLIFTON
OFFICE OF HOUSING & OFFICE OF ZONING
900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration ✖ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 34.09 Lot 2

Address 141 Athenia Ave, Clifton, NJ 07013

Present Use of the Property _____

Number of Stories _____ Number of Units _____ Commercial _____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity Shellpoint Mortgage Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Coldwell Banker Residential LLC

Contact (If Corporate Entity) _____

Address 789 Clifton Ave, Clifton, NJ 07012

Phone (973) 650-2244 Email _____ Fax _____

CITY OF CLIFTON

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration: _____

1st Renewal: 750.00 2nd Renewal: _____ 3rd Renewal: _____

Block: 65.05 Lot: 2

Address: 151 BROOKWOOD RD CLIFTON NJ 07012

Present Use of the Property: Residential

Number of Stories: _____ Number of Units: 1 Commercial ☐ Residential ■

Is the property secured from unauthorized entry? Yes ■ No ☐

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes ■ No ☐

Are the utilities ON ☐ or OFF ☐? Electric: _____ Gas: _____ Water: _____

2. **Owner Information**

Name or Corporate Entity: Federal National Mortgage Association (Fannie Mae)

Contact (If Corporate Entity): Ray Jewett

Address: c/o PEMCO Ltd, 820 Bear Tavern Rd, West Trenton, NJ 08628

Phone: 720-509-3278 Email: Rachel.jewett@pemco-limited.com Fax: 303-284-8026

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name: Fannie Mae

Contact: Ray Jewett

Address: c/o PEMCO Ltd, 820 Bear Tavern Rd, West Trenton, NJ 08628

Phone: 720-509-3278 Email: Rachel.jewett@pemco-limited.com Fax: 303-284-8026

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 59.06 Lot 76

Address 115 Cambridge Ct ,Clifton,NJ 07014

Present Use of the Property Residential

Number of Stories 1 Number of Units 1 Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes

Are the utilities ON or OFF? Electric OFF Gas OFF Water OFF

2. **Owner Information**

Name or Corporate Entity Owner: Deutsche Bank National Trust Company, As Trustee For Home Equity Mortgage Loan Asset-Backed Trust Series INABS 2006-D, Home Equity Mortgage Loan Asset-Backed Certificates Series INABS 2006-D c/o Altisource Solutions, Inc - Samir Shaikh

Contact (If Corporate Entity) _____

Address 1000 Abernathy Road Northpark Town Center Building 400, Suite 200, Atlanta, GA 30328

Phone 8669526514 Email VPR@altisource.com Fax N/A

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity TMB Renovations, LLC - Backer Tim

Contact (If Corporate Entity) _____

Address 139 Daniel Ave, RUTHERFORD NJ 07070

Phone (201)-257-5663 Email alti@tmbrenovations.net Fax NA

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration ✖ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 3.12 Lot 18

Address 68 CLIFTON AVE, Clifton, NJ 07011

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Shellpoint Mortgage Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity DCS Enterprises

Contact (If Corporate Entity)_____

Address 535 Bethel Ave, Moorestown, NJ 08057

Phone (877) 339-8202 Email_____ Fax_____

Rec'd 8/13/18
CF

CITY OF CLIFTON

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900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration: **08/01/18**

1st Renewal: _____ 2nd Renewal: _____ 3rd Renewal: _____

Block: **20.09** Lot: **10**

Address: **624 Clifton Avenue**

Present Use of the Property: **Residential**

Number of Stories: **2** Number of Units: **1** Commercial ☐ Residential ☒

Is the property secured from unauthorized entry? Yes ☒ No ☐

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes ☒ No ☐

Are the utilities ON ☐ or OFF ☐? Electric: **off** Gas: **off** Water: **off**

2. **Owner Information**

Name or Corporate Entity: **Caniano c/o Champion Mortgage**

Contact (If Corporate Entity): _____

Address: **2501 S State Highway 121 Lewisville, TX 75067**

Phone: **(972) 894-2950** Email: **HECM.prereo@nationstarmail.com** Fax: _____

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name: **Garden State Property Services**

Contact: **George Terebinsky**

Address: **2 Hollywood Blvd, Suite 8, Forked River, NJ 08731**

Phone: **(845) 672-3074** Email: **GeorgeT@GSPSnj.com** Fax: _____

Other Contact: Shirley Wroblewski Email: shirleyw@fiveonline.com

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration _____ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 29.08 Lot 44
Block _____ Lot _____

Address 394 CLIFTON BLVD, CLIFTON, NJ 07013

Present Use of the Property _____

Number of Stories _____ Number of Units _____ Commercial _____ Residential _____

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity Fay Servicing LLC

Contact (If Corporate Entity) Fay Servicing LLC

Address 27720 Jefferson Ave. Ste. 210, Temecula, CA 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity _____

Contact (If Corporate Entity) _____

Address _____

Phone _____ Email _____ Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration: yes

1st Renewal: n/a 2nd Renewal: n/a 3rd Renewal: n/a

Block: 12.17 Lot: 23

Address: 182 CLINTON AVENUE

Present Use of the Property: Maintain while vacant per mortgage company directives.

Number of Stories: 2 Number of Units: 1 Commercial ☐ Residential ☒

Is the property secured from unauthorized entry? Yes ☒ No ☐

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes ☒ No ☐

Are the utilities ON ☐ or OFF ☒? Electric: off Gas: off Water: off

2. **Owner Information**

Name or Corporate Entity: Champion Mortgage c/o Five Brothers Mtg Co Servicing

Contact (If Corporate Entity): Ann Gemlich

Address: 12220 13 Mile Rd #100, Warren, MI 48093

Phone: (586) 772-7600 Email: anng@fiveonline.com Fax: (586) 772-3660

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name: See contact information above.

Contact: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration ✖ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 20.24 Lot 30

Address 300 CLINTON AVE, Clifton, NJ 07011

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Selene Finance

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

Phone (877) 338-3791 Email propertyregistrations@broninc.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Bron Inc - Eric Moore

Contact (If Corporate Entity)_____

Address 272 Dunns Mill Rd #312 Bordentown, NJ 08505

Phone (877) 338-3791 Email_____ Fax_____

rec'd 8/13/18 CF

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 4.07 Lot 30

Address 11 Cutler St.

Present Use of the Property Residential - Vacant

Number of Stories 2 Number of Units 2 Commercial _____ Residential _____

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes

Are the utilities ON or OFF? Electric ON Gas ON Water ON

2. **Owner Information**

Name or Corporate Entity See Attached Addendum

Contact (If Corporate Entity) _____

Address _____

Phone _____ Email _____ Fax _____

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name Thomas Borowski - Striker Realty

Contact Tom Borowski

Address 918 N. Wood Ave. Linden, NJ 07036

Phone 973-723-3037 Email strikerrea@gmail.com Fax N/A

Receipt No. 22934

Paid $750
9/28/15

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration: ✓

1st Renewal: _____ 2nd Renewal: _____ 3rd Renewal: _____

Block: 5.11 Lot: 12

Address: 187 E 1st Street

Present Use of the Property: Residential

Number of Stories: 1.5 Number of Units: 2 Commercial ☐ Residential ☒

Is the property secured from unauthorized entry? Yes ☒ No ☐

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes ☒ No ☐

Are the utilities ON ☒ or OFF ☐? Electric: ✓ Gas: ✓ Water: ✓

2. **Owner Information**

Name or Corporate Entity: Federal Home Loan Mortgage Corporation

Contact (If Corporate Entity): Donald Fanelli

Address: C/O Coldwell Banker Real Estate 1410 Valley Road Wayne, NJ 07470

Phone: 973-632-1449 Email: donald_fanelli@gardenstatereo.com Fax: 862-345-2733

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name: Coldwell Banker Real Estate Services

Contact: Donald Fanelli

Address: 1410 Valley Road Wayne, NJ 07470

Phone: 973-632-1449 Email: donald_fanelli@gardenstatereo.com Fax: 862-345-2733

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 00005 15 Lot 00028

Address 34 E 3RD ST, CLIFTON, NJ, 07011

Present Use of the Property Residential, Single family home

Number of Stories 1 Number of Units _____ Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? yes

Are the utilities ON or OFF? Electric unknown Gas unknown Water unknown

2. **Owner Information**

Name or Corporate Entity U.S. Bank N.A., c/o Select Portfolio Servicing

Contact (If Corporate Entity) Select Portfolio Servicing

Address 3217 S Decker Lake Drive, West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax _____

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name NJ REO Asset Management & Realty, Inc.

Contact Ralph F. Barone Broker

Address 650 Bloomfield Ave, Suite 104, Bloomfield, NJ 07003

Phone (973) 429-0990 Email CodeViolations@spservicing.com Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 2.01 Lot 7

Address 121 EAST 8TH STREET CLIFTON, NJ 07013

Present Use of the Property _____

Number of Stories 2 Number of Units _____ Commercial _____ Residential X

Is the property secured from unauthorized entry? yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? yes

Are the utilities ON or OFF? Electric n/a Gas n/a Water n/a

2. **Owner Information**

Name or Corporate Entity Carrington Mortgage Services, LLC

Contact (If Corporate Entity) Code Compliance

Address 350 Highland Dr. Ste. 100 Lewisville, TX 75067

Phone 866-563-1100 Email codecompliance@mcs360.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity NJMF INVESTMENTS LLC

Contact (If Corporate Entity) NJMF INVESTMENTS LLC

Address 18 MANGER ROAD WEST ORANGE, NJ 07052

Phone 866-563-1100 Email codecompliance@mcs360.com Fax 469-771-5109

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 3.02 Lot 4

Address 97 E Clifton Ave, Clifton NJ 07011

Present Use of the Property Single Family

Number of Stories 2 Number of Units 1 Commercial No Residential Yes

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes

Are the utilities ON or OFF? Electric ON Gas ON Water ON

2. **Owner Information**

Name or Corporate Entity J.P. Morgan Mortgage Trust 2005-ALT1 Mortgage Pass-Through Certificates, U.S. Bank National Association, as Trustee, successor in interest to Wachovia Bank, National Association, as Trustee

Contact (If Corporate Entity) _____

Address PO Box 250, Orange, CA 92868

Phone 714-940-7636 Email _____ Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Century 21 All County

Contact (If Corporate Entity) Carlos Tome

Address 326 Clifton Ave Clifton NJ 07011

Phone (201) 370-1633 Email Carlostome02@yahoo Fax (973) 916-9935

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 8.12 Lot 3

Address 33 E Madison Ave, Clifton, NJ 07011

Present Use of the Property Vacant

Number of Stories _____ Number of Units _____ Commercial _____ Residential _____

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes

Are the utilities ON or OFF? Electric ON Gas OFF Water OFF

2. **Owner Information**

Name or Corporate Entity _____

Contact (If Corporate Entity) _____

Address _____

Phone _____ Email _____ Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Carisbrook Asset Holding Trust

Contact (If Corporate Entity) Charles Newman

Address 3856 Oakton Street, Skokie, IL 60076

Phone 847-324-8988 Email taxes@cagan.com Fax 847-679-5516

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration ✖ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 25.04 Lot 10

Address 67 Emerson St, Clifton, NJ 07013

Present Use of the Property _____

Number of Stories _____ Number of Units _____ Commercial _____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity Shellpoint Mortgage Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity McCabe, Weisberg & Conway LLC

Contact (If Corporate Entity) _____

Address 216 Haddon Avenue Suite 201 Westmont NJ 08108

Phone (856) 858-7080 Email _____ Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration ✖ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 49.05 Lot 14

Address 92 Dawson Ave, Clifton, NJ 07012

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Shellpoint Mortgage Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Coldwell Banker Residential LLC

Contact (If Corporate Entity)_____

Address 789 Clifton Ave, Clifton, NJ 07012

Phone (973) 650-2244 Email_____ Fax_____

CITY OF CLIFTON
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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration _____ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

lot 22 block 58.09

Block _____ Lot_____

Address 454 FENLON BLVD, CLIFTON, NJ 07014

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential_____

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Ocwen Loan Servicing LLC

Contact (If Corporate Entity) Ocwen Loan Servicing LLC

Address 27720 Jefferson Ave. Ste. 210, Temecula, CA 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity_____

Contact (If Corporate Entity)_____

Address_____

Phone_____ Email_____ Fax_____

WO#202377038
NO FEE

TS

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration XXX 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 58.09 Lot 30

Address 470- 474 FENLON BOULEVARD, CLIFTON, NJ 07014

Present Use of the Property VACANT

Number of Stories 1 Number of Units 1 Commercial_____ Residential XXX

Is the property secured from unauthorized entry? YES

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric OFF Gas OFF Water OFF

2. **Owner Information**

Name or Corporate Entity Dakota Asset Services, LLC

Contact (If Corporate Entity) Christopher Spradling

Address 1904 W. Grand Parkway North, Suite 130, Katy, TX 77449

Phone 832.772.3731 Email cspradling@dakotaas.com Fax MA

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity SUE BARONE

Contact (If Corporate Entity) N/A

Address 650 BLOOMFIELD AVE STE 106, BLOOMFIELD, NJ 07003

Phone 973-429-0990 Email sueb@newjerseyreo.com Fax N/A

CITY OF CLIFTON

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 28.02 Lot 1.01

Address 74 GEORGE RUSSELL WAY,CLIFTON,NJ 07013

Present Use of the Property Residential

Number of Stories _____ Number of Units 1 Commercial _____ Residential ✓

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric OFF Gas OFF Water OFF

2. **Owner Information**

Name or Corporate Entity JUN YOUNG LEE c/o Ocwen Loan Servicing, LLC

Contact (If Corporate Entity) Judy Credit

Address 1661 Worthington Rd, Suite 100, West Palm Beach, FL 33409

Phone 800-746-2936 Email PropertyRegistration@ocwen.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity ProCraft Design & Construction Inc

Contact (If Corporate Entity) Justin Mangels

Address 926 Willow Ave, Hoboken, NJ 07030

Phone (201) 291-0014 Email procraftdesign1@gmail.com Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 28.02 Lot 1.02

Address 171 GEORGE RUSSELL WAY, Clifton, NJ 7013

Present Use of the Property _____

Number of Stories _____ Number of Units _____ Commercial _____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity Quicken Loan Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity NJMF INVESTMENTS LLC

Contact (If Corporate Entity) _____

Address 18 MANGER ROAD WEST ORANGE NJ 7052

Phone 866.563.1100 Email _____ Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration ✖ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 22.04 Lot 33

Address 74 Gould Street, Clifton, NJ 07013

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Shellpoint Mortgage Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity SafeGuard - Javlen Property

Contact (If Corporate Entity)_____

Address 108 Ivory Ct, Lakewood, NJ 08701

Phone (877) 338-3791 Email_____ Fax_____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration: 07/30/2018

1st Renewal: _____ 2nd Renewal: _____ 3rd Renewal: _____

Block: 17.07 Lot: 1

Address: 45 Grant Ave

Present Use of the Property: Residential

Number of Stories: 1 Number of Units: 1 Commercial ☐ Residential ■

Is the property secured from unauthorized entry? Yes ■ No ☐

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes ■ No ☐

Are the utilities ON ■ or OFF ☐? Electric: ON Gas: ON Water: ON

2. **Owner Information**

Name or Corporate Entity: Federal National Mortgage Association (Fannie Mae)

Contact (If Corporate Entity): Sharon Castro

Address: c/o PEMCO Ltd, 820 Bear Tavern Rd, West Trenton, NJ 08628

Phone: 720-509-3266 Email: Sharon.Castro@PEMCO-Limited.com Fax: 303-284-8026

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name: Fannie Mae

Contact: Sharon Castro

Address: c/o PEMCO Ltd, 820 Bear Tavern Rd, West Trenton, NJ 08628

Phone: 720-509-3266 Email: Sharon.Castro@PEMCO-Limited.com Fax: 303-284-8026

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 13.15 Lot 16

Address 569 Gregory Ave. Clifton, NJ 7011

Present Use of the Property Residential

Number of Stories _____ Number of Units _____ Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Signage ordered

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity Select Portfolio Servicing

Contact (If Corporate Entity) _____

Address 3217 S Decker Lake Dr. West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Corporation Service Company

Contact (If Corporate Entity) _____

Address Princeton South Corporate Ctr., Suite 160
100 Charles Ewing Blvd, Ewing, NJ 08628

Phone _____ Email _____ Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration ✓ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 28.02 Lot 1.03

Address 6310 Harcourt Rd Clifton, NJ 07013

Present Use of the Property PROPERTY IS CURRENTLY VACANT

Number of Stories_____ Number of Units_____ Commercial_____ Residential_____

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity BAYVIEW LOAN SERVICING

Contact (If Corporate Entity) Jeff Mueller

Address 4425 Ponce De Leon Blvd Coral Gables, FL 33146

Phone 305-646-3958 Email JMueller@VRMco.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Nj Reo Asset Mgmt. & Realty c/o M & M MORTGAGE SERVICES

Contact (If Corporate Entity) Carlos Tamayo

Address Local:650 BLOOMFIELD AVE Bloomfield, NJ 07003 -- 12901 SW 132 AVE MIAMI, FL 33146 (MAIL)

Phone 800-336-4890 Email carlos.tamayo@mmmortgage.com Fax_____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration _____ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

lot 7 block 20.04

Block _____ Lot_____

Address 289 HARDING AVE, Clifton, NJ 07011

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential_____

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Selene Finance LP

Contact (If Corporate Entity) Selene Finance LP

Address 27720 Jefferson Ave. Ste. 210, Temecula, CA 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity_____

Contact (If Corporate Entity)_____

Address_____

Phone_____ Email_____ Fax_____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 19.18 Lot 23

Address 312 Harding Avenue

Present Use of the Property Vacant

Number of Stories 2 Number of Units 1 Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes

Are the utilities ON or OFF? Electric X Gas X Water X

2. **Owner Information**

Name or Corporate Entity US Bank National Association

Contact (If Corporate Entity) Justin Kiliszek - Listing Agent

Address 15480 Laguna Canyon Rd, Irvine CA, 92618

Phone 973-945-5163 Email justin@agentjustin.com Fax 973-306-3620

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Justin Kiliszek Realtor LLC

Contact (If Corporate Entity) Justin Kiliszek

Address 15 Skyline Drive

Phone 973-945-5163 Email accounting@agentjustin.com Fax 973-306-3620

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 16.13 Lot 15

Address 170 Hazel Street

Present Use of the Property Residential

Number of Stories 1.5 Number of Units _____ Commercial _____ Residential X

Is the property secured from unauthorized entry? NO

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? NO

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity American Financial Resources

Contact (If Corporate Entity) Registration Dept

Address 3637 Sentara Way Virginia Beach VA 23452

Phone 757-955-8014 Email sarah.richardson@loancare.net Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey if the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity First Allegiance

Contact (If Corporate Entity) Registration Dept

Address 473 Broadway Bayonne NJ 07002

Phone 888-727-6303 Email Code@firstallegiance.com Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

   Initial Registration: yes

   1st Renewal: n/a 2nd Renewal: n/a 3rd Renewal: n/a

   Block: 21.04 Lot: 2

   Address: 483 HIGHLAND AVE

   Present Use of the Property: Maintain while vacant per mortgage company directives.

   Number of Stories: 2 Number of Units: 1 Commercial ☐ Residential ☒

   Is the property secured from unauthorized entry? Yes ☒ No ☐

   Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes ☒ No ☐

   Are the utilities ON ☐ or OFF ☒? Electric: off Gas: off Water: off

2. **Owner Information**

   Name or Corporate Entity: Champion Mortgage c/o Five Brothers Mtg Co Servicing

   Contact (If Corporate Entity): Ann Gemlich

   Address: 12220 13 Mile Rd #100, Warren, MI 48093

   Phone: (586) 772-7600 Email: anng@fiveonline.com Fax: (586) 772-3660

3. **Authorized Agent Information (Must be an individual with proof of identification)**

   An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

   Name: See contact information above.

   Contact: _____

   Address: _____

   Phone: _____ Email: _____ Fax: _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration ✖ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 53.10 Lot 16

Address 189 Highview Dr, Clifton, NJ 07013

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Shellpoint Mortgage Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

propertyregistrations@broninc.com

Phone 877-338-3791 Email_____ Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity NICHOLAS REAL ESTATE

Contact (If Corporate Entity)_____

Address 1624 MAIN AVE CLIFTON, NJ 07011

Phone (973) 340-1202 Email_____ Fax_____

Any issues or violations with this property, please contact the property management company: National Field Representatives, 136 Maple Ave, Claremont, NH 03743. Telephone – 800-639-2151 Email – VPR@nfronline.com

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 67.05 Lot 23

Address 34 Hugo St, Clifton NJ 07012

Present Use of the Property Residential single family home

Number of Stories 2 Number of Units _____ Commercial _____ Residential _____

Is the property secured from unauthorized entry? Yes.

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? *Sign posting will be completed within 7 days of registration.*

Are the utilities ON or OFF? Electric On Gas Off Water Off

2. **Owner Information**

Name or Corporate Entity Lienholder: ~~XXXXXXXXXX~~ Reverse Mortgage Solutions

Contact (If Corporate Entity) Josefina Scott

Address 14405 Walters Road Suite 200, Houston TX 77014

Phone 281-791-7674 Email Josefina.Scott@rmsnav.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Garden State Property Services

Contact (If Corporate Entity) George Terebinsky

Address 2 Hollywood Blvd, N Ste. 8, Forked River, NJ 08731

Phone 603-756-0377 Email Loria@gspsnj.com Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 22.07 Lot 11

Address 8 Ivy Ct, Clifton, NJ 07013

Present Use of the Property Vacant

Number of Stories _____ Number of Units _____ Commercial _____ Residential _____

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes

Are the utilities ON or OFF? Electric on Gas off Water off

2. **Owner Information**

Name or Corporate Entity Carisbrook Asset Holding Trust

Contact (If Corporate Entity) Charles Newman

Address 3856 Oakton Street, Skokie, IL 60076

Phone 847-679-5516 Email taxes@cagan.com Fax 847-679-5512

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Gnesha Shain c/o Cagan Management Group

Contact (If Corporate Entity) _____

Address 202 The Plaza, Teaneck, NJ 07666

Phone 201-992-3600 Email gnesha@linksnj.com Fax 201-706-7008

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 74.04 Lot 22

Address 9 KENNEDY COURT, CLIFTON, NJ 07013

Present Use of the Property RESIDENTIAL

Number of Stories 2 Number of Units 1 Commercial _____ Residential X

Is the property secured from unauthorized entry? YES

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric UNKNOWN TO ALL Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity (BORROWER/HOMEOWNER) MORRIS WINOGRAD

Contact (If Corporate Entity) _____

Address (LAST KNOWN) 9 KENNDY COURT, CLIFTON, NJ 07013

Phone UNKNOWN Email _____ Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity CYPREXX SERVICES, LLC

Contact (If Corporate Entity) ER COORDINATOR

Address 525 GRAND REGENCY BLVD, BRANDON, FL 33510

Phone 877-339-8202 Email VPR@CYPREXX.COM Fax _____

300315927

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900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 4.16 Lot 54

Address 94 LAKE AVE., CLIFTON, NJ 07011

Present Use of the Property VACANT

Number of Stories 1 Number of Units 1 Commercial _____ Residential X

Is the property secured from unauthorized entry? YES

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric OFF Gas OFF Water OFF

2. **Owner Information**

Name or Corporate Entity PROPERTY PRESERVATION

Contact (If Corporate Entity) PNC MORTGAGE

Address 3232 NEWMARK DR, MIAMISUBURG, OH 45342

Phone 937-910-1200 Email _____ Fax 937-910-1887

3. **Authorized Agent Information** PROPERTYPRESERVATION@PNCMORTGAGE.COM

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity FEIN, SUCH, KAHN & SHEPARD, P.C.

Contact (If Corporate Entity) ABOVE

Address 7 Century Drive, Suite 201 Parsippany, New Jersey 07054

Phone 973-538-4700 Email NA Fax 973-538-8234

CITY OF CLIFTON

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration: X

1st Renewal: _____ 2nd Renewal: _____ 3rd Renewal: _____

Block: 25.09 Lot: 26

Address: 90 LIVINGSTON STREET CLIFTON, NJ 07013

Present Use of the Property: Residential

Number of Stories: 2 Number of Units: 1 Commercial ☐ Residential ☒

Is the property secured from unauthorized entry? Yes ☒ No ☐

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes ☒ No ☐

Are the utilities ON ☐ or OFF ☒? Electric: OFF Gas: OFF Water: OFF

2. **Owner Information**

Name or Corporate Entity: Nationstar Mortgage LLC

Contact (If Corporate Entity): Nationstar Mortgage LLC

Address: 4000 Horizon Way Suite 150 Irving, TX 75063

Phone: 888-708-4043 Email: reverse.reo@nationstarmail.com Fax: _____

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name: Local Agent - Paul Covello

Contact: Paul Covello

Address: Century 21 Gemini REO Upper Montclair, NJ 07043

Phone: (973) 296-5180 136 Email: paul_covello@yahoo.com Fax: _____

Pramid | GRC
San # 937896
Asset ID: 3474077-3

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 1.24 Lot 2

Address 87 Louise Street Clifton, New Jersey 07011

Present Use of the Property 2 Family Residential

Number of Stories 2 Number of Units 2 Commercial _____ Residential ✓

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric ON Gas ON Water ON

2. **Owner Information**

Name or Corporate Entity US Bank National Association OWS REO Trust 2015-1

Contact (If Corporate Entity) c/o Century 21 Alliance Realty

Address _____

Phone _____ Email _____ Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Century 21 Alliance Realty

Contact (If Corporate Entity) Douglas Ramos

Address 867 N Stiles St. Linden, NJ 07036

Phone 908-587-5222 Email Douglasr@C21ar.net Fax 908-925-5495

WO 204845166

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 11.07 Lot 22

Address 16 LUDDINGTON AVE CLIFTON, NJ 07011

Present Use of the Property VACANT

Number of Stories 2 Number of Units 1 Commercial _____ Residential X

Is the property secured from unauthorized entry? YES

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric ON Gas OFF Water OFF

2. **Owner Information**

Name or Corporate Entity DAKOTA ASSET SERVICES, LLC

Contact (If Corporate Entity) CHRISTOPHER SPRADLING

Address 1904 W. GRAND PKWY RD. N KATY, TX 77449

Phone 832-772-3731 Email cspradling@dakotaas.com Fax n/a

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity NICHOLAS REAL ESTATE

Contact (If Corporate Entity) NANCY RODRIGUEZ

Address 1624 MAIN AVE CLIFTON, NJ 07013

Phone 973-418-9234 Email Nancy@nicholasrealestate.com Fax na

203451266 KC

No Fee

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900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013

TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration XX 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 11.07 Lot 1

Address 94 MAPLE PLACE CLIFTON, NJ 07011

Present Use of the Property VACANT

Number of Stories _____ Number of Units _____ Commercial _____ Residential XX

Is the property secured from unauthorized entry? YES

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric OFF Gas OFF Water OFF

2. **Owner Information**

Name or Corporate Entity Dakota Asset Services, LLC

Contact (If Corporate Entity) Christopher Spradling

Address 1904 W. Grand Parkway North, Suite 130 Katy, TX 77449

Phone 832.772.3731 Email cspradling@dakotaas.com Fax N/A

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Nicholas Real Estate

Contact (If Corporate Entity) Nancy Rodriguez

Address 1624 Main Avenue - Clifton, NJ 07011

Phone 9734189234 Email Nancy@nicholasrealestate.com Fax N/A

CK # 39640

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration ✖ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 56.04 Lot 901

Address 89 Mayer Rd, Clifton, NJ 07012

Present Use of the Property _____

Number of Stories _____ Number of Units _____ Commercial _____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity Shellpoint Mortgage Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity REMAX Professionals I

Contact (If Corporate Entity) _____

Address 264 Washington Avenue # Apt k Belleville, NJ 07109

Phone (973) 418-0425 Email _____ Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration ☐ 1st Renewal ☑ 2nd Renewal ☐ 3rd Renewal _____

Block 15.08 Lot 44

Address 21 MONTCLAIR AVE, CLIFTON NJ 07011

Present Use of the Property VACANT

Number of Stories 1 Number of Units 1 Commercial _____ Residential YES

Is the property secured from unauthorized entry? YES

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity US BANK NA

Contact (If Corporate Entity) c/o Select Portfolio Servicing

Address 3217 S Decker Lake Dr., West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@sp Fax N/A

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Safeguard Properties

Contact (If Corporate Entity) Safeguard Properties

Address 7887 Safeguard Circle Valley View OH 04125

Phone 877-340-0600 Email N/A Fax N/A

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration X 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 78.01 Lot 47

Address 116 Orchard Dr. Clifton, NJ 07012

Present Use of the Property Residential

Number of Stories_____ Number of Units_____ Commercial_____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Signage ordered

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Select Portfolio Servicing

Contact (If Corporate Entity)_____

Address 3217 S Decker Lake Dr. West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Corporation Service Company

Contact (If Corporate Entity)_____

Address Princeton South Corporate Ctr., Suite 160
100 Charles Ewing Blvd, Ewing, NJ 08628

Phone_____ Email_____ Fax_____

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 00015 09 Lot 00038

Address 47 NORWOOD AVE, CLIFTON, NJ, 07011

Present Use of the Property Residential, Single family home

Number of Stories 1 Number of Units _____ Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? yes

Are the utilities ON or OFF? Electric unknown Gas unknown Water unknown

2. **Owner Information**

Name or Corporate Entity Deutsche Bank, c/o Select Portfolio Servicing

Contact (If Corporate Entity) Select Portfolio Servicing

Address 3217 S Decker Lake Drive, West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax _____

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name NJ REO Asset Management & Realty, Inc.

Contact Ralph F. Barone Broker

Address 650 Bloomfield Ave, Suite 104, Bloomfield, NJ 07003

Phone (973) 429-0990 Email CodeViolations@spservicing.com Fax _____

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TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration: 07/30/2018

1st Renewal: _____ 2nd Renewal: _____ 3rd Renewal: _____

Block: 37.03 Lot: 3

Address: 26 Pleasant Ave

Present Use of the Property: Residential

Number of Stories: 2 Number of Units: 1 Commercial ☐ Residential ■

Is the property secured from unauthorized entry? Yes ■ No ☐

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes ■ No ☐

Are the utilities ON ■ or OFF ☐? Electric: ON Gas: ON Water: ON

2. **Owner Information**

Name or Corporate Entity: Federal National Mortgage Association (Fannie Mae)

Contact (If Corporate Entity): Angela Bellis

Address: c/o PEMCO Ltd, 820 Bear Tavern Rd, West Trenton, NJ 08628

Phone: 720-509-3236 Email: Angela.Bellis@PEMCO-Limited.com Fax: 303-284-8026

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name: Fannie Mae

Contact: Angela Bellis

Address: c/o PEMCO Ltd, 820 Bear Tavern Rd, West Trenton, NJ 08628

Phone: 720-509-3236 Email: Angela.Bellis@PEMCO-Limited.com Fax: 303-284-8026

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8/5/19 (CF)

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 26.10 Lot 18

Address 139 PLOCH RD Clifton, NJ 07013

Present Use of the Property PROPERTY IS CURRENTLY VACANT

Number of Stories 1 Number of Units _____ Commercial _____ Residential ✓

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric off Gas off Water off

2. **Owner Information**

Name or Corporate Entity CALIBER HOME LOANS

Contact (If Corporate Entity) REID REMINGTON

Address 3701 REGENT BLVD., IRVING, TX 75063

Phone 214-874-4181 Email REID.REMINGTON@CALIBERHOMELOANS.COM Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity GARDEN STATE PROPERTY SERVICES c/o M & M MORTGAGE SERVICES

Contact (If Corporate Entity) EMILY GREEN

Address Local:2 HOLLYWOOD BLVD, N FORKED RIVER, NJ 08731- 12901 SW 132 AVE MIAMI, FL 33186 (MAIL)

Phone 800-336-4890 Email emily.green@mmmortgage.com Fax 305-253-8488

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900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 39.07 Lot 11

Address 54 Priscilla St ,Clifton,NJ 07013

Present Use of the Property Resindential

Number of Stories 1 Number of Units 1 Commercial _____ Residential ✓

Is the property secured from unauthorized entry? yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric ✓ Gas ✓ Water ✓

2. **Owner Information**

Name or Corporate Entity Deutsche Bank National Trust Company, as Trustee for Soundview Home Loan Trust 2006-OPT3, Asset-Backed Certificates, Series 2006-OPT3 c/o Altisource Solutions Inc -

Contact (If Corporate Entity) Samir Shaikh

Address 1000 Abernathy Rd Bldg 400 Suite 200 Atlanta GA 30328

Phone 8669526514 Email vpr@altisource.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Homeshield Solutions Venture LLC

Contact (If Corporate Entity) Wechsler Sam

Address 585 Prospect St Suite 301A Lakewood NJ 08701

Phone (732)-226-3000 Email altisource@homeshieldsolutions.com Fax _____

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900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 00017 07 Lot 00028

Address 10 ROLLINS AVE, CLIFTON, NJ, 07011

Present Use of the Property Residential, Single family home

Number of Stories 2 Number of Units _____ Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? yes

Are the utilities ON or OFF? Electric unknown Gas unknown Water unknown

2. **Owner Information**

Name or Corporate Entity Wells Fargo Bank NA, c/o Select Portfolio Servicing

Contact (If Corporate Entity) Select Portfolio Servicing

Address 3217 S Decker Lake Drive, West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax _____

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name NJ REO Asset Management & Realty, Inc.

Contact Ralph F. Barone Broker

Address 650 Bloomfield Ave, Suite 104, Bloomfield, NJ 07003

Phone (973) 429-0990 Email CodeViolations@spservicing.com Fax _____

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900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration [✓] 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 37.02 Lot 52

Address 25 SADE ST CLIFTON, NJ 07013

Present Use of the Property RESIDENTIAL

Number of Stories _____ Number of Units _____ Commercial _____ Residential _____

Is the property secured from unauthorized entry? YES

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity Towd Point Mortgage Trust 2019-1, U.S. Bank National Association, as Indenture Trustee

Contact (If Corporate Entity) Select Portfolio Servicing

Address 3217 S Decker Lake Dr. West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax N/A

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity N/A

Contact (If Corporate Entity) N/A

Address N/A

Phone _____ Email _____ Fax _____

CITY OF CLIFTON
OFFICE OF HOUSING & OFFICE OF ZONING
900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 13.11 Lot 3

Address 41 Sisco Place

Present Use of the Property 2 Family

Number of Stories 2 Number of Units 2 Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes

Are the utilities ON or OFF? Electric On Gas On Water On

2. **Owner Information**

Name or Corporate Entity Federal Home Loan Mortgage

Contact (If Corporate Entity) Donald Fanelli

Address C/O Coldwell Banker Real Estate 1410 Valley Road Wayne, NJ 07470

Phone 973-632-1449 Email donald_fanelli@gardenstatereo.com Fax 862-345-2733

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Coldwell Banker Real Estate Services

Contact (If Corporate Entity) Donald Fanelli

Address 1410 Valley Road Wayne, NJ 07470

Phone 973-632-1449 Email donald_fanelli@gardenstatereo.com Fax 862-345-2733

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration _____ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 25.08 Lot 6

Address 135 STANLEY ST, Clifton, NJ 7013

Present Use of the Property _____

Number of Stories _____ Number of Units _____ Commercial _____ Residential ✖

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric _____ Gas _____ Water _____

2. **Owner Information**

Name or Corporate Entity Shellpoint Mortgage Servicing

Contact (If Corporate Entity) Eric Moore

Address 27720 Jefferson Ave. Suite 210, Temecula, CA, 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity _____

Contact (If Corporate Entity) _____

Address _____

Phone _____ Email _____ Fax _____

CITY OF CLIFTON

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 6.20 Lot 4

Address 179 TRIMBLE AVE ,CLIFTON,NJ 07011

Present Use of the Property Residential

Number of Stories 1 Number of Units 1 Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? Yes

Are the utilities ON or OFF? Electric Unknown Gas Unknown Water Unknown

2. **Owner Information**

Name or Corporate Entity US Bank National Association

Contact (If Corporate Entity) US Bank National Association

Address 4801 Frederica Street, Owensboro, KY 42301

Phone 18003657772 Email susan.schell@usbank.com Fax N/A

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Mortgage Contracting Services, LLC

Contact (If Corporate Entity) Mortgage Contracting Services, LLC

Address 350 Highland Dr Suite 100 Lewisville TX 75067

Phone 866-563-1100 Email codecompliance@mcs360com Fax 469-341-9169

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 19.14 Lot 44

Address 400 Union Ave,CLIFTON,NJ 07011

Present Use of the Property Resindential

Number of Stories 1 Number of Units 1 Commercial _____ Residential ✓

Is the property secured from unauthorized entry? yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric ✓ Gas ✓ Water ✓

2. **Owner Information**

Name or Corporate Entity HSBC Bank USA, N.A., as Indenture Trustee for the registered Noteholders of Renaissance Home Equity Loan Asset-Backed Notes, Series 2005-2 c/o Altisource Solutions Inc -

Contact (If Corporate Entity) Samir Shaikh

Address 1000 Abernathy Rd Bldg 400 Suite 200 Atlanta GA 30328

Phone 8669526514 Email vpr@altisource.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity REO Elite 1 LLC

Contact (If Corporate Entity) Ablabutyan Seda

Address 411 Hackensack Ave, 2nd Floor HACKENSACK NJ 07601

Phone (818)-731-1459 Email seda@reoelite1.com Fax _____

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OFFICE OF HOUSING & OFFICE OF ZONING
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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration X 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 0046 12 Lot 00004

Address 232 URMA AVE, CLIFTON, NJ, 07013

Present Use of the Property Residential, Single family home

Number of Stories 2 Number of Units _____ Commercial _____ Residential X

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? yes

Are the utilities ON or OFF? Electric unknown Gas unknown Water unknown

2. **Owner Information**

Name or Corporate Entity Deutsche Bank National Trust, c/o Select Portfolio Servicing

Contact (If Corporate Entity) Select Portfolio Servicing

Address 3217 S Decker Lake Drive, West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax _____

3. **Authorized Agent Information (Must be an individual with proof of identification)**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name NJ REO Asset Management & Realty, Inc.

Contact Ralph F. Barone Broker

Address 650 Bloomfield Ave, Suite 104, Bloomfield, NJ 07003

Phone (973) 429-0990 Email CodeViolations@spservicing.com Fax _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

---

1. **Property Information**

Initial Registration _____ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 14.17/ Lot 16

Block _____ Lot_____

Address 117 VALLEY RD, Clifton, NJ 07013

Present Use of the Property _____

Number of Stories_____ Number of Units_____ Commercial_____ Residential_____

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Fay Servicing LLC

Contact (If Corporate Entity) Fay Servicing LLC

Address 27720 Jefferson Ave. Ste. 210, Temecula, CA 92590

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity_____

Contact (If Corporate Entity)_____

Address_____

Phone_____ Email_____ Fax_____

CITY OF CLIFTON
OFFICE OF HOUSING & OFFICE OF ZONING
900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration _____ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

Block 32.06 Lot 24

Address 24 Van Wagoner Ave Clifton, NJ 07013

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential_____

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Select Portfolio Servicing

Contact (If Corporate Entity) Select Portfolio Servicing

Address 3217 S Decker Lake Dr. West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Select Portfolio Servicing

Contact (If Corporate Entity) Select Portfolio Servicing

Address 3217 S Decker Lake Dr. West Valley City, UT 84119

Phone 888-349-8964 Email Property.Registration@spservicing.com Fax_____

Block 73.05 *Lot* 30 *Address* 19 WHEELER ST, CLIFTON NJ 07014

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4. **Property Manager Information**

A Property Manager is an individual 18+ years in age whom is designated as the person or entity responsible for maintaining the property and to receive all notices regarding maintenance issues, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the Property Manager. The Property Manager must be available by phone or in person on a twenty-four (24) hour per day, seven (7) days per week basis in the case of emergency.

Name or Corporate Entity Prime Partner Realty

Contact (If Corporate Entity) Patrick J. Lynch

Address 21 Poplar Street, NANUET, NY 10954

Phone 845-624-6500 Email pjudel@ mindspring.com Fax N/A

5. **Additional Information**

Please provide any additional information that may assist the City of Clifton with communications with the Owner, Authorized Agent, or Property Manager.

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OFTHE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER APPLICABLE LOCAL, STATE AND FEDERAL LAWS.

Owner's Name (Printed) CHRIS PAPADOPOULOS Owner's Signature

Date 5/29/18

For Office Use Only: Vacant ____ Abandoned ____ Fee: Free ____ $750.00 ____

Payment: Cash ____ Check# ____

Authorized City Representative: Printed ____ Signed ____

204985826

No Fee unless invoiced

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING

900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013

TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

1. **Property Information**

Initial Registration x 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 28.02 Lot 1.02

Address 160 WINCHESTER CT CLIFTON, NJ 07013

Present Use of the Property VACANT REO

Number of Stories 2 Number of Units 1 Commercial _____ Residential X

Is the property secured from unauthorized entry? YES

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? YES

Are the utilities ON or OFF? Electric OFF Gas OFF Water OFF

2. **Owner Information**

Name or Corporate Entity Nationstar Mortgage

Contact (If Corporate Entity) NSTAR CLIENT ACCT

Address 8950 Cypress Waters Blvd Coppell, TX 75019

Phone 888-480-2432 Email nstar.clientaccount@safeguardproperties.com Fax N/A

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity ROYAL SIGNATURE REALTY

Contact (If Corporate Entity) OSCAR MARINO

Address 260 Columbia Ave Suite 4 Fort Lee, NJ 07024

Phone (201) 965-2400 Email omarino@optonline.net Fax N/A