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 X 2nd Renewal _____ 3rd Renewal _____

Block 81.04 Lot 5

Address 57 Ardmore Ave, Clifton, NJ 07014

Present Use of the Property Maintain property until Sold or Rented

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 Off Gas Off Water Off

2. **Owner Information**

Name or Corporate Entity US Bank Trust c/o Hudson Homes

Contact (If Corporate Entity) _____

Address 2711 N Haskell Ave #1800, Dallas, TX 75024

Phone 602-842-1013 Email _____ Fax _____

3. **Authorized Agent Information** propertyregistrations@northsight.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 Northsight Management

Contact (If Corporate Entity) Steve Johnson

Address 8901 E Mountain View Rd, Ste 100, Scottsdale, AZ 85258

Phone 602-842-1013 Email _____ Fax _____

24hr 602-859-1130 codeviolations@northsight.com

LIMITED POWER OF ATTORNEY

Hudson Homes Management LLC, a company organized under the laws of the State of Texas ("Hudson Homes"), as the manager of certain real property (the "Real Estate Owned"), hereby makes, constitutes and appoints Northsight Management Solutions LLC ("Northsight"), having its principal office located at 8901 E. Mountain View Rd. Suite 100, Scottsdale, AZ 85258, its true and lawful attorney-in-fact, with the power and authority, as fully as Hudson Homes might or could do, to sign, execute, acknowledge, deliver, or file instruments on its behalf for the limited purpose of effectuating the registration of Real Estate Owned with municipalities, counties, states, and other government entities as required by law, including the execution of documents, forms, and other instruments necessary to comply with such law, when requested by Hudson Homes in writing containing reference to specific Real Estate Owned.

Hudson Homes grants this Limited Power of Attorney to Northsight under the Master Property Services Agreement by and between Hudson Homes and Northsight executed on September 10, 2018 and as modified, and is subject to the indemnification provisions therein.

Third parties without actual notice may rely upon the exercise of the power granted under this Limited Power of Attorney, and may be satisfied that this Limited Power of Attorney shall continue in full force and effect has not been revoked unless an instrument of revocation has been made in writing by the undersigned.

This Limited Power of Attorney expires on the earlier of (i) receipt by Northsight of revocation from Hudson Homes or (ii) December 31, 2022.

Rod Wylie, Senior Vice President

STATE OF TEXAS

COUNTY OF DALLAS

On this 17 day of JAN, 2019, before me the undersigned, Notary Public of said State, personally appeared Rod Wylie, personally known to me to be a duly authorized officer of the entity that executed the within instrument and personally known to me to be the person who executed the within instrument on behalf of the entity therein named, and acknowledged to me such entity executed the within instrument pursuant to its by-laws.

EVELYN WAITHAKA
Notary Public, State of Texas
Comm. Expires 01-07-2020
Notary ID 124251629

WITNESS my hand and official seal,

Notary Public in and for the
State of

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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 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 ____

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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

1. **Property Information**

Initial Registration: 437.50

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

Block: 65.05 Lot: 2

Address: 151 Brookwood Rd

Present Use of the Property: Property is currently vacant

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): Alexandria Brown

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

Phone: 720-509-3238 Email: Alexandria Brown@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: Alexandria Brown

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

Phone: 720-509-3238 Email: Alexandria.Brown@Pemco-Limited.com Fax: 303-284-8026

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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 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

1. **Property Information**

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

Block 28.02 Lot 1.01

Address 6 Carrington Pl 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_____

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 _____ 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) Bron

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 _____

Block _____ *Lot*_____ *Address* 394 CLIFTON BLVD, CLIFTON, NJ 07013
Block 29.08 Lot 44

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 Code Compliance

Contact (If Corporate Entity) Mortgage Contracting Services, LLC

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

Phone 8133871100 Email codecompliance@mcs360.com Fax

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)_____ Owner's Signature_____

Date May 25, 2022

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

Payment: Cash ____ Check# ____

Authorized City Representative: Printed ____ Signed ____

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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

1. **Property Information**

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

Block 3, 12 Lot 15

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 _____

307682970

No Fee unless invoiced

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 12.20 Lot 24

Address 40 CLINTON AVE CLIFTON NJ 07011

Present Use of the Property_____

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 Dakota Asset Services LLC-DAKOTA

Contact (If Corporate Entity) Cari Hartmann

Address 1755 Wittington Place, Suite 200

Phone 469-329-6053 Email chartmann@dakotaas.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 Properties

Contact (If Corporate Entity) c/o Corporation Service Company

Address 830 Bear Tavern Road West Trenton, NJ 08628

Phone 800.852.8306 ext. 8484 Email codecompliance@safeguardpr Fax erties.com

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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 [X]

Is the property secured from unauthorized entry? Yes [X] 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 [X] No [ ]

Are the utilities ON [ ] or OFF [X]? 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: annq@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 mustdesignate 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 28.34 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 _____

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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 56.04 Lot 9.02

Address 30 Collura Lane, Clifton, NJ 07012

Present Use of the Property Residential, Single Family Residence

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 _____

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 FNMA C/O Reverse Mortgage Solutions

Contact (If Corporate Entity) Shelly Martinez

Address 14405 Walters Rd. Suite 200, Houston, TX 77014

Phone 346-471-3551 Email PHHCodeViolations@phhreverse.com Fax _____

Block _____ *Lot* _____ *Address* _____

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 Guardian Asset Management

Contact (If Corporate Entity) Jessica Zubritsky

Address 2300 East Lincoln Highway Suite 700, Langhorne, PA 19047

Phone 267-583-8677 Cell
888-872-9094 Office
Email JZubritsky@guardianassetmgt.com Fax _____

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 OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER APPLICABLE LOCAL, STATE AND FEDERAL LAWS.

Owner's Name (Printed) Jessica Zubritsky (on behalf of owner) Owner's Signature Jessica Zubritsky

Date 3/31/2022

For Office Use Only: Vacant ____ Abandoned____ Fee: Free_____ $750.00____

Payment: Cash_____ Check#_____

Authorized City Representative: Printed_____ Signed_____

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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 strikerrealty@gmail.com Fax N/A

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OFFICE OF HOUSING & OFFICE OF ZONING
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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 ✖ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 49.05 Lot 141

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 _____

Receipt No 22934

Paid $750
4/28/19

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: 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

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

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

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 _____

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 _____

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: 2022

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

Block: 56.04 Lot: 9.02 Qual: CJ074

Address: 30 Collura Lane, Clifton NJ 07012

Present Use of the Property: Residential condo.

Number of Stories: 1 Number of Units: _____ Commercial [ ] Residential [X]

Is the property secured from unauthorized entry? Yes [X] 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 [X] **Sign will be posted within 7 days of registration.**

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

2. **Owner Information**

Name or Corporate Entity: Diana J. Smith in c/o Reverse Mortgage Solutions

Contact (If Corporate Entity): Monique White

Address: 14405 Walters Road Suite 200, Houston TX 77014

Phone: 866-503-5559 Email: RMSCodeviolations@rmsnav.com Fax:

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

Property Manager - XXXXXXXXXXXXXXXXXXXXXXXXXX

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: National Field Representatives

Contact: Heidi Courtemanche

Address: 136 Maple Ave, Claremont, NH 03743

Phone: 800-639-2151 Email: VPR@nfronline.com Fax:

Block: 56.04 Lot: 9.02 Address: 30 Collura Lane, Clifton NJ 07012

4. **Property Manager Information** - Local

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: Garden State Property Services

Contact (If Corporate Entity): George Terebinsky

Address: 2 Hollywood Blvd N STE 8, Forked River, NJ 08731

Phone: 609-756-0377 Email: VPR@nfronline.com Fax:

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.

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

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): Heidi Courtemanche an agent of National Field Representatives

Owner's Signature: an agent of National Field Representatives

Date: 03/11/2022

For Office Use Only: Vacant [ ] Abandoned [ ] Fee: Free [ ] $750.00 [ ]

Payment: Cash [ ] Check#:

Authorized City Representative:

Printed:

Signed:

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 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

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
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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 ✓ 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

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
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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 _____ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____
Lot: 71 Block: 7.04
Block _____ Lot _____

Address 130E 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 LoanCare LLC

Contact (If Corporate Entity) Bron _____

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 _____

Block _____ *Lot* _____ *Address* 130E CLIFTON AVE, CLIFTON, NJ 07011
Lot: 71 Block: 7.04

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 REO

Contact (If Corporate Entity) First Allegiance

Address 473 Broadway 5th Floor

Phone 8887276303 Email _____ Fax _____

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 OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER APPLICABLE LOCAL, STATE AND FEDERAL LAWS.

Owner's Name (Printed) _____ Owner's Signature _____

Date April 30, 2021

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

Payment: Cash ___ Check# ___

Authorized City Representative: Printed _____ Signed _____

CITY OF CLIFTON

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

I. **Property Information**

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

Block 31 Lot 18

Address 274 E 4TH ST, CLIFTON, NJ 07011

Present Use of the Property VACANT STRUCTURE

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? YES

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

II. **Owner Information**

Name or Corporate Entity ROUNDPOINT MORTGAGE

Contact (If Corporate Entity) ELIZABETH HARTING

Address 446 Wrenplace Road Fort Mill, SC 29715

Phone (704) 839-5061 Email Elizabeth.Harting@ROUNDPOINTMORTGAGE.COM Fax ____

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 ASSERO SERVICES

Contact (If Corporate Entity) ____

Address 60 BLACKSMITH ROAD NEWTOWN PA 18940

Phone 866-832-1711 Email VPR@ASSERO24.COM Fax ____

Block _____ *Lot* _____ *Address* _____

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 ASSERO SERVICES

Contact (If Corporate Entity) MAYRA DUPREY

Address 60 BLACKSMITH RD

Phone 866-832-1711 Email VPR@ASSERO24.COM Fax _____

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.

_____

_____

_____

_____

_____

ERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE REGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER PLICABLE LOCAL, STATE AND FEDERAL LAWS.

ner's Name (Printed) _____ Owner's Signature _____

e _____

_____

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

Payment: Cash ____ Check# ____

orized City Representative: Printed _____ Signed _____

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 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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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 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 ____

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

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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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 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 _____

CITY OF CLIFTON

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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 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@bronine.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 ____

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 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 _____

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
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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: 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

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 13.15 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 _____

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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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 _____
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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OFFICE OF HOUSING & OFFICE OF ZONING
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 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

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

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 _____

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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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: 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 [X]

Is the property secured from unauthorized entry? Yes [X] 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 [X] No [ ]

Are the utilities ON [ ] or OFF [X]? 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

Phone 877-338-3791 Email properlyregistrations@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 NICHOLAS REAL ESTATE

Contact (If Corporate Entity) ___

Address 1624 MAIN AVE CLIFTON, N.J 07011

Phone (973) 340-1202 Email ___ Fax ___

Block: 51.02 Lot: 2 Address: 900 Valley Road Unit D-11, Clifton, NJ 07013

4. **Property Manager Information** - Local

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: Garden State Property Services

Contact (If Corporate Entity): George Terebinsky

Address: 2 Hollywood Blvd N STE 8, Forked River, NJ 08731

Phone: 609-756-0377 Email: VPR@nfronline.com Fax:

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.

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

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.

Agent's ~~Owner's~~ Name (Printed): Taylor Dearborn

Agent's ~~Owner's~~ Signature: an agent of National Field Representatives

Date: 06/08/2022

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

Payment: Cash ☐ Check#:

Authorized City Representative:

Printed:

Signed:

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

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 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: ~~XXXXXXXXX~~ 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_____

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 _____

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

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
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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 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

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 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

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31 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 1.74 ______ 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@c21av.net Fax 908-925-5495

WO 20484516

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

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 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

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

Property Information

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

Block 22 08 Lot 20

Address 164 Maplewood Ave

Present Use of the Property Vacant

Number of Stories 3 Number of Units 1 Commercial ____ Residential X

Is the property secured from unauthorized entry? Y

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? Y

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

Owner Information

Name or Corporate Entity US Bank / Hudson Homes Management LLC

Contact (If Corporate Entity) ____

Address 2711 N Haskell Ave #1800, Dallas, TX 75204

Phone 602-842-1013 Email hudson preservation@northsight.com Fax ____

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 David Haas Jr

Contact (If Corporate Entity) ____

Address 603 Willow St, Lakehurst, NJ 08733

Phone 732-703-4620 Email hudson preservation@northsight.com Fax ____

LIMITED POWER OF ATTORNEY

Hudson Homes Management LLC, a company organized under the laws of the State of Texas ("Hudson Homes"), as the manager of certain real property (the "Real Estate Owned"), hereby makes, constitutes and appoints Northsight Management Solutions LLC ("Northsight"), having its principal office located at 8901 E. Mountain View Rd. Suite 100, Scottsdale, AZ 85258, its true and lawful attorney-in-fact, with the power and authority, as fully as Hudson Homes might or could do, to sign, execute, acknowledge, deliver, or file instruments on its behalf for the limited purpose of effectuating the registration of Real Estate Owned with municipalities, counties, states, and other government entities as required by law, including the execution of documents, forms, and other instruments necessary to comply with such law, when requested by Hudson Homes in writing containing reference to specific Real Estate Owned.

Hudson Homes grants this Limited Power of Attorney to Northsight under the Master Property Services Agreement by and between Hudson Homes and Northsight executed on September 10, 2018 and as modified, and is subject to the indemnification provisions therein.

Third parties without actual notice may rely upon the exercise of the power granted under this Limited Power of Attorney, and may be satisfied that this Limited Power of Attorney shall continue in full force and effect has not been revoked unless an instrument of revocation has been made in writing by the undersigned.

This Limited Power of Attorney expires on the earlier of (i) receipt by Northsight of revocation from Hudson Homes or (ii) December 31, 2022.

Rod Wylie, Senior Vice President

STATE OF TEXAS

COUNTY OF DALLAS

On this 17 day of Jan, 2019, before me the undersigned, Notary Public of said State, personally appeared Rod Wylie, personally known to me to be a duly authorized officer of the entity that executed the within instrument and personally known to me to be the person who executed the within instrument on behalf of the entity therein named, and acknowledged to me such entity executed the within instrument pursuant to its by-laws.

EVELYN WAITHAKA
Notary Public, State of Texas
Comm. Expires 01-07-2020
Notary ID 124251629

WITNESS my hand and official seal,

Notary Public in and for the
State of

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 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@brerinc.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 ____

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 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@sf 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

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 9330 Lot 18

Address 22 Mountainside Terr. Clifton

Present Use of the Property Store personal things will be selling

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

Is the property secured from unauthorized entry? ~~[illegible]~~ 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? will be pasted

Are the utilities ON or OFF? Electric ✓ Gas oil tank in ground Water ✓

2. **Owner Information**

Name or Corporate Entity Deborah Buchko (daughter)

Contact (If Corporate Entity) _____

Address 1150 Symphony Blvd Neenah WI 54956

Phone 920-810-0635 Email deb.buchko@cppac.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 _____

Block _____ *Lot* _____ *Address* _____

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 Bob Bay

Contact (If Corporate Entity) _____

Address 36 Mountainside Terr Clifton

Phone 201-757-8645 Email fajavelin@gmail.com Fax _____

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.

RICHARDSON JOHNSTON (SON) rick468@aol.com
W 2329 COMMERCIAL STREET
PAY SIPPI, WI 54967
home 920-987-9066 cell 920-450-1803

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

Owner's Name (Printed) Deb Buchko Owner's Signature Deborah Buchko

Date July 13, 2021

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

Payment: Cash ___ Check# ___

Authorized City Representative: Printed ___ Signed ___

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
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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 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

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 _____

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 _____

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 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
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: 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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2514268

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 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

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 _____

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

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
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 ✓ 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 _____

CITY OF CLIFTON

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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 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

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 ____

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 ____

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 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, US 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

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

CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
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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 ____ 1st Renewal ____ 2nd Renewal ____ 3rd Renewal ____
Lot : 37 Block: 43.08
Block ____ Lot ____

Address 174 SPEER AVENUE, 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) Bron

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 at is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity ____

Contact (If Corporate Entity) ____

Address ____

Phone ____ Email ____ Fax ____

Block _____ Lot _____ Address 174 SPEER AVENUE, CLIFTON, NJ 07013

Lot : 37 Block: 43.08

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 Code Compliance

Contact (If Corporate Entity) Safeguard

Address 7887 Safeguard Circle, Valley View, OH 44125

Phone 8008528306 Email Codecompliance@safeguardproperties.com Fax

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 OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER APPLICABLE LOCAL, STATE AND FEDERAL LAWS.

Owner's Name (Printed) _____ Owner's Signature _____

Date September 20, 2021

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

Payment: Cash ___ Checks ___

Authorized City Representative: Printed _____ Signed _____

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 35.08 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

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 5.20 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@mcs360.com Fax 469-341-9169

LIMITED POWER OF ATTORNEY

Hudson Homes Management LLC, a company organized under the laws of the State of Texas ("Hudson Homes"), as the manager of certain real property (the "Real Estate Owned"), hereby makes, constitutes and appoints Northsight Management Solutions LLC ("Northsight"), having its principal office located at 8901 E. Mountain View Rd. Suite 100, Scottsdale, AZ 85258, its true and lawful attorney-in-fact, with the power and authority, as fully as Hudson Homes might or could do, to sign, execute, acknowledge, deliver, or file instruments on its behalf for the limited purpose of effectuating the registration of Real Estate Owned with municipalities, counties, states, and other government entities as required by law, including the execution of documents, forms, and other instruments necessary to comply with such law, when requested by Hudson Homes in writing containing reference to specific Real Estate Owned.

Hudson Homes grants this Limited Power of Attorney to Northsight under the Master Property Services Agreement by and between Hudson Homes and Northsight executed on September 10, 2018 and as modified, and is subject to the indemnification provisions therein.

Third parties without actual notice may rely upon the exercise of the power granted under this Limited Power of Attorney, and may be satisfied that this Limited Power of Attorney shall continue in full force and effect has not been revoked unless an instrument of revocation has been made in writing by the undersigned.

This Limited Power of Attorney expires on the earlier of (i) receipt by Northsight of revocation from Hudson Homes or (ii) December 31, 2022.

Rod Wylie, Senior Vice President

STATE OF TEXAS

COUNTY OF Dallas

On this 17 day of Jan, 2019, before me the undersigned, Notary Public of said State, personally appeared Rod Wylie, personally known to me to be a duly authorized officer of the entity that executed the within instrument and personally known to me to be the person who executed the within instrument on behalf of the entity therein named, and acknowledged to me such entity executed the within instrument pursuant to its by-laws.

EVELYN WAITHAKA
Notary Public, State of Texas
Comm. Expires 01-07-2020
Notary ID 124251629

WITNESS my hand and official seal,

Notary Public in and for the
State of

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 8.20 Lot 31 CN001

Address 1006 Unicorn Way

Present Use of the Property Residential, 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 On Gas On Water On

Owner Information

Name or Corporate Entity US Bank / Hudson Homes Management LLC

Contact (If Corporate Entity) ____

Address 2711 N Haskell Ave #1800, Dallas, TX 75204

Phone 602-842-1013 Email hudson.preservation@northsight.com Fax ____

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 David Haas Jr

Contact (If Corporate Entity) ____

Address 603 Willow St, Lakehurst, NJ 08733

Phone 800-516-1553 Email hudson.preservation@northsight.com 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 ✓ 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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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 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 ____

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
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 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
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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 26.01 Lot 18

Address 454 Valley Road, Clifton, NJ 07013

Present Use of the Property Residential

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 On Gas On Water On

2. **Owner Information**

Name or Corporate Entity STATEBRIDGE COMPANY

Contact (If Corporate Entity) Bryce Fendall

Address 5680 Greenwood Plaza Blvd, Suite 100S, Greenwood Village, CO 80111

Phone (866) 466-3360 Email VPR@Cyprexx.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 ROSEMOUNT CLEANOUTS LLC c/o Cyprexx Services

Contact (If Corporate Entity) **Please Send All Inquiries to Cyprexx @ 525 Grand Regency Blvd, Brandon, FL 33510**

Address 701 Cross Street, Lakewood, NJ 08701

Phone 877-339-8202 Email VPR@Cyprexx.com Fax _____

WO# 323194507

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 32.08 Lot 41

Address 569 VLY RD, CLIFTON, NJ 07013

Present Use of the Property VACANT

Number of Stories N/A Number of Units N/A 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? N/A

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

2. **Owner Information**

Name or Corporate Entity ANN SIEDZIK

Contact (If Corporate Entity) _____

Address 569 VLY RD, CLIFTON, NJ 07013

Phone N/A Email N/A Fax N/A

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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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 32.06 Lot 24

Address 24 Van Wagoner Ave Clifton,NJ 07013

Present Use of the Property RESIDENTIAL

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? yes

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

2. SERVICER [redacted] **Information**

Name or [redacted] servicer [redacted] Select Portfolio Servicing

Contact [redacted] servicer [redacted] 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 NJ REO ASSET MANAGEMENT & REALTY INC

Contact (If Corporate Entity) RALPH F BARONE

Address 650 BLOOMFIELD AVE, SUITE 100, BLOOMFIELD, NJ 07003

Phone 973-429-0990 Email Property Registration@spservicing.com Fax N/A

Block 32 06 *Lot* 24 *Address* 24 VAN WAGONER AVE, CLIFTON, NJ 07013

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 NJ REO ASSET MANAGEMENT & REALTY INC

Contact (If Corporate Entity) RALPH F BARONE

Address 650 BLOOMFIELD AVE, SUITE 100, BLOOMFIELD, NJ 07003

Phone 973-429-0990 Email Property Registration@specialcivic.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.

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

Authorized representative

~~Owner~~'s Name (Printed) [illegible] ~~Owner~~'s Signature [illegible]

ate 4/25/23

r Office Use Only: Vacant Abandoned Fee: Free $750.00

Payment: Cash Check#

thorized City Representative: Printed Signed

Work Order: 845669

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: 07/06/2021

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

Block: 51.02 Lot: 2

Address: 900 Valley RD, D-1, Clifton, NJ 07013

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 ☑ 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: Off Water: Off

2. **Owner Information**

Name or Corporate Entity: Florence Glogiewicz in c/o Reverse Mortgage Solutions

Contact (If Corporate Entity): Monique White

Address: 14405 Walters Road Suite 200, Houston TX 77014

Phone: 866-503-5559 Email: RMSCodeviolations@rmsnav.com Fax: _____

3. Property Manager - ~~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: National Field Representatives

Contact: Tabatha Clark

Address: 136 Maple Ave, Claremont, NH 03743

Phone: 800-639-2151 x2421 Email: VPR@nfronline.com 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: 07/07/2021

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

Block: 51.02 Lot: 2

Address: 900 Valley Road Unit #D-11, Clifton, NJ 07013

Present Use of the Property: Residential single family home.

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 ☐ Within 7 days of registration

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

2. **Owner Information**

Name or Corporate Entity: in c/o Reverse Mortgage Solutions

Contact (If Corporate Entity): Monique White

Address: 14405 Walters Road Suite 200, Houston TX 77014

Phone: 866-503-5559 Email: phhcodeviolations@phhreverse.com Fax: _____

Property Manager -

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: National Field Representatives

Contact: Taylor Dearborn

Address: 136 Maple Ave, Claremont, NH 03743

Phone: 800-639-2151 Email: VPR@nfronline.com Fax: _____

ServiceLink

11802 Ridge Parkway Suite 100 Broomfield CO 80021

April 22, 2022

City of Clifton
Zoning Office
2nd Floor
900 Clifton Avenue
Clifton,NJ 07013

To Whom It May Concern

Enclosed please find a property registration form for 24 Van Wagoner Ave Clifton,NJ 07013

ServiceLink Field Services, LLC ("ServiceLink") is a national property preservation company and is authorized to act on behalf of the mortgagee to maintain the asset registration and deregistration activities on this property. Please find enclosed the Application for the registration vacant or abandoned properties

Please send all correspondence regarding the maintenance of property to the following address and ServiceLink will act on behalf of the mortgagee to resolve any issues.

Select Portfolio Servicing
3217 S. Decker Lake Dr.
West Valley City, UT 84119
Property.Registration@spservicing.com

Select Portfolio Servicing contact number for this property is 1-888-349-8964

Please contact me if additional information is required.

Sincerely,

Servicelink Field Services
Asset Registration Technician
Office: 877-272-2149
Fax: 303-439-3893
Registrations@svclnk.com

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 32.06 Lot 24

Address 24 VAN WAGONER AVE, CLIFTON, NJ. 07013

Present Use of the Property RESIDENTIAL

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? YES

Are the utilities ON or OFF? SERVICER 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 PROPERTYREGISTRATION@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 NJ REO ASSET MANAGEMENT & REALTY INC

Contact (If Corporate Entity) RALPH F BARONE

Address 650 BLOOMFIELD AVE, SUITE 100, BLOOMFIELD, NJ. 07003

Phone 973-429-0990 Email PROPERTYREGISTRATION@SPSERVICING.COM Fax N/A

Block 32.06 *Lot* 24 *Address* 24 VAN WAGONER AVE, CLIFTON, NJ 07013

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 NJ REO ASSET MANAGEMENT & REALTY INC

Contact (If Corporate Entity) RALPH F BARONE

Address 650 BLOOMFIELD AVE, SUITE 100, BLOOMFIELD, NJ. 07003

Phone 973-429-0990 Email PROPERTYREGISTRATION@FSERVICING.COM Fax N/A

* For any legal notices please contact C&I which is attached to this registration packet.

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~~ Authorized representative Name (Printed) MarianneWojcik ~~Owner's~~ Authorized representative Signature MarianneWojcik

Date 4.28.21

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