

A Better Choice Escrow Inc.

8077 Florence Ave., Ste. 204B
Downey, CA 90240
Tel: (562) 806-0111 • Fax: (562) 806-0162

VERIFICATION OF ELECTRONIC SIGNATURES

Date: _____

PROPERTY ADDRESS: _____

The undersigned parties have consented to and acknowledge engagement in the ability to use Electronic Signature Technology in order to sign and/or initial documents in this escrow transaction.

Escrow Holder's receipt of the undersigned live/original signature on this document constitutes full authority to accept electronic signature(s) on any and all documents (excluding those documents which require notarization and recordation) and to rely on such electronic signature(s) to be equally as valid and binding as live/original signature(s).

All parties acknowledge and agree that any documents to this transaction bearing an Electronic Signature(s) are fully enforceable and legally binding in accordance with their terms. Furthermore, all Principals certify that the Electronic Signature(s) comply with the standards and requirements of the Federal Electronic Signatures in Global and National Commerce Act (E-SIGN) and, if applicable, the Uninform Electronic Transaction Act (UETA), and adopted by the state in which the Electronic Signature(s) is/was initiated.

All Parties hereby allow **A Better Choice Escrow, Inc.**, to rely on this certification and use of Electronic Signatures when processing, closing, or in the event of cancellation of a transaction.

Original signatures on this form must be on file with Escrow Holder to be valid for use.

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE YOUR SIGNATURE.

- I Accept
- I Decline

SELLER(S):

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Cell: _____
Business: _____
Email: _____
Mailing Address: _____

Cell: _____
Business: _____
Email: _____
Mailing Address: _____

CONFIDENTIAL INFORMATION STATEMENT

A Better Choice Escrow

In order to expedite the completion of your transaction, we are requesting that you complete the following "Statement of Information" form. We are not unnecessarily interested in your personal affairs, however, we have been asked to insure the title to real property in which you are interested and that requires a title search.

In searching your title, we may encounter judgments, bankruptcies, divorces and/or income tax liens against persons with the same or similar names to yours. Such matters cloud the title to your property, unless eliminated. The information you provide, and your spouse (if you are married) or domestic partner can promptly eliminate all matters not directly affecting you or the property being searched, avoid any delay in your transaction and provide you with the most efficient service possible.

Thank you for your cooperation in furnishing us with the necessary information and please be assured that your information is confidential and used only for the purpose, which we have stated.

Party 1	Party 2
FIRST MIDDLE LAST	FIRST MIDDLE LAST
FORMER LAST NAME(S), IF ANY	FORMER LAST NAME(S), IF ANY
BIRTHPLACE BIRTH DATE	BIRTHPLACE BIRTH DATE
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER
I <input type="checkbox"/> AM SINGLE <input type="checkbox"/> AM MARRIED <input type="checkbox"/> HAVE A DOMESTIC PARTNER	I <input type="checkbox"/> AM SINGLE <input type="checkbox"/> AM MARRIED <input type="checkbox"/> HAVE A DOMESTIC PARTNER
NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER (if different from Party 2)	NAME OF CURRENT SPOUSE OR DOMESTIC PARTNER (if different from Party 1)
NAME OF FORMER SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")	NAME OF FORMER SPOUSE OR DOMESTIC PARTNER (IF NONE, WRITE "NONE")
DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
WHEN: _____	WHEN: _____
WHERE: _____	WHERE: _____

RESIDENCES LAST 10 YEARS				
Party One	Number and Street	City, State, Zip Code	From (Date)	To (Date)
	Number and Street	City, State, Zip Code	From (Date)	To (Date)
Party Two	Number and Street	City, State, Zip Code	From (Date)	To (Date)
	Number and Street	City, State, Zip Code	From (Date)	To (Date)

OCCUPATIONS LAST 10 YEARS				
Party One	Occupation	Firm Name	Address	No. Years
	Occupation	Firm Name	Address	No. Years
Party Two	Occupation	Firm Name	Address	No. Years
	Occupation	Firm Name	Address	No. Years

The Street Address of the Property in this Transaction is: _____

<p><u>Party One</u></p> <p>Signature: _____</p> <p>Date: _____</p> <p>Home Phone: _____</p> <p>Business Phone: _____</p> <p>Email: _____</p>	<p><u>Party Two</u></p> <p>Signature: _____</p> <p>Date: _____</p> <p>Home Phone: _____</p> <p>Business Phone: _____</p> <p>Email: _____</p>
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Date: _____

Property: _____

INFORMATION REQUEST

In order for us to obtain statements of account from your existing lender(s) or homeowner's association, please provide us with the following information on your accounts. We must have accurate and complete information on your accounts, as some take up to 30 days to return our request. Please fill out and return this form as soon as possible.

Applicable Regulation requires authorization in writing from you before a lender can release any payoff information to an Escrow Holder. A delay in returning this signed and completed form could delay the close of this escrow.

FIRST TRUST DEED

Lender Name _____
Address _____
Phone Number _____
Loan Number _____

Please check if you have entered into a _____ Forbearance or _____ Loan Modification

Servicing Company _____
Phone Number _____
Loan Number, if different _____

SECOND TRUST DEED

Lender Name _____
Address _____
Phone Number _____
Loan Number _____

HOMEOWNER'S ASSOCIATION (if applicable)

Association Name _____
Management Co. _____
Address _____
Phone Number _____
Account Number _____

SOLAR PANELS SYSTEM /HERO PROGRAM (if applicable)

Contact Company _____
Address _____
Phone Number _____
Account Number _____

Our signatures below are to be considered instructions for obtaining statements; to comply with the instructions of the above named companies; and our authorization to pay from funds due us at the close of escrow said companies' fees, including, but not limited to: Statement Fees, Transfer Fees, Late Fees, Prepayment Penalties, Impound Account Shortages without our further approval.

PLEASE PROVIDE YOUR FORWARDING ADDRESS AFTER THE CLOSE OF ESCROW BELOW, so funds or documents may be sent to you after close of escrow.

_____ Effective Date: _____

SELLER(S):

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____