



1400 Cherrington Parkway, Moon PA 15108

SCAN BACKS REQUIRED

UPLOAD TO EXOS PORTAL

DOCUMENTS NEEDED:
ALL LENDER DOCS
COPY OF PHOTO ID



ATTN SIGNING AGENT:

PLEASE REVIEW THE BELOW CRITICAL ITEMS THAT WE HAVE
SEEN INCREASED ERRORS ON.

- Docs are date sensitive. If documents are dated for any other date, please stop signing and notify Servicelink immediately.
- All documents are dated by borrower and acknowledged if needed.
- **PATRIOT ACT FORM**—2 forms of unexpired identification required. If borrower does not have valid ID, signing to be stopped and Servicelink notified. The 2 forms used, must have boxes checked and information filled in as shown below. Failure to check boxes will count as error

IMPORTANT - Information listed below must be exactly as indicated on the document.

Primary Forms of Identification - must display Borrower's name

Document	Country/State of Origin	ID Number	Issuance Date	Expiration Date
<input type="checkbox"/> State Issued Driver License	→	→	→	→
<input type="checkbox"/> State Issued ID Card				
<input type="checkbox"/> Military ID Card				
<input type="checkbox"/> Passport				
<input type="checkbox"/> U.S. Alien Registration Card				
<input type="checkbox"/> Canadian Driver License				

Secondary Forms of Identification - must display Borrower's name

Document	Name of Issuer on Form	ID Number	Issuance Date	Expiration Date
<input checked="" type="checkbox"/> Social Security Card	→	→	→	
<input type="checkbox"/> Government Employee Card				

- **Mortgage/Deed of Trust signature** – Borrowers must sign the recordable document as indicated on document. Any variation could result in county rejection and reclosing of loan.
- **TRUST SIGNATURES** – Borrower must date their signature line for both the individual and the Trustee signature line. The borrower must also be sure to sign the trustee signature with the word Trustee after their signature

Joseph Palmer

01/01/2021



Joseph Palmer

- DATE-

Joseph Palmer, Trustee

01/01/2021

Joseph Palmer, as Trustee of the Joseph Palmer Revocable Living Trust
Instrument dated 01/10/2001

-DATE-

- **BORROWER DECLARATION FORM – Sections I-VI must be initialed by borrower**

Property Address: 20749 VESPER DR, MACOMB, MI 48044-6805

By initialing the following statements and signing this document, I/we certify the below to be true as of the date of this closing and signing:

- I. All of the information outlined in the "Uniform Residential Loan Application" (FNMA Form 1003/FHLMC Form 65) accompanying this document, as well as all other information and documentation provided by me/us, is current, correct, and true, particularly information concerning my/our employment, income, liabilities, and assets.
Initial here: [REDACTED] ←
- II. My/Our income and employment has not been impaired due to the effects of COVID-19, including governmental regulations made to address this virus.
Initial here: [REDACTED] ←
- III. I/We have not made (and are not aware of) any material omissions, misrepresentations, and misstatements of fact throughout the loan process.
Initial here: [REDACTED] ←
- IV. I/We are unaware of any changes (pending or otherwise) to my/our employment, income, liabilities, and assets which would negatively affect the ability to repay the loan referenced above, and do not reasonably anticipate that any such changes will occur in the near future.
Initial here: [REDACTED] ←
- V. I/We will contact SPRING EQ, LLC regarding any changes in my/our employment or the future of employment prior to my/our first payment being made in full.
Initial here: [REDACTED] ←
- VI. I/We have not missed, skipped (in forbearance), or been past due on any obligations or mortgages disclosed on the Uniform Residential Loan Application contained in this closing document package since the date of my initial application. I/We attest that all payments for the first 6 months will be paid in full and on time and will not request a forbearance or refinance. Reference the document before initialing.
Initial here: [REDACTED] ←



ATTENTION SIGNING AGENTS

Please make sure the 'Borrowers Proceeds Delivery Instructions' form is filled out and signed by the borrower.

If the borrower does not have the information to fill out this form, the borrower must notate the form with the reason it is not filled out and sign. The borrower can follow up with Servicelink at a later time (before the date of disbursement) once this information is obtained.

This form cannot be left blank.

Thank You
Servicelink

BORROWERS PROCEEDS DELIVERY INSTRUCTIONS

I/We _____ am/are aware of the three (business) day right to rescission. After rescission ends I/we instruct ServiceLink to overnight any proceeds and/or credit card disbursement due me/us via UPS and I/we authorize for the package to be left at the following address:

P.O. Box Addresses will not be accepted

Street Name & Number _____

City, State, Zip Code: _____

Phone No: _____

If you wish for your proceeds to be wired to your bank account, please verify your incoming wiring information, and any fees associated with an incoming wire, with your bank before completing the requested information below. If the information is incomplete or a voided check is not provided, ServiceLink will be unable to process your request and a check will be issued instead. Only proceed amounts over \$500.00 can be wired.

Please note that ServiceLink does not charge a fee for the outgoing wire, however your account may be subject to an incoming wire fee from your bank.

Bank Name: _____

Bank Address: _____

Bank Phone No: _____

ABA Routing No: _____

Exact names of
Account Holders: _____

Whomever is on the loan must also be listed as a joint account holder on the account

Account No: _____

The undersigned acknowledge that transfer may not be made in the event problems arise beyond the control of Escrow Holder resulting in a delay in the remittance of receipt of the wire transfer. Escrow Holder assumes no liability, direct or indirect for special or consequential damages, expenses or costs resulting from any action or failures by the banks processing the wire transfers. Furthermore, it is understood by the undersigned that Escrow Holder will rely on the validity of the information provided above and the undersigned agrees to indemnify and hold harmless the Escrow Holder from any liability or consequences suffered due to following the wiring instructions completed above.

Borrower

Borrower

****BE ADVISED - IF THIS FORM IS NOT FILLED OUT TO SHOW WIRING INSTRUCTIONS
WE WILL SEND A CHECK FOR PROCEEDS TO THE ADDRESS ON THE DOCUMENTS ****

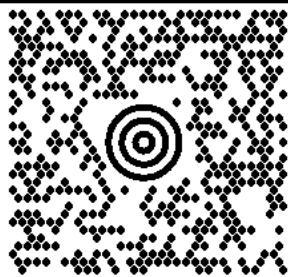
SERVICELINK WILL NOT BE HELD RESPONSIBLE FOR INCORECT ACCOUNT OR ABA INFORMATION ENTERED ON THIS FORM

DIANNE TEMPLE
8035202048
DIANNE TEMPLE
115 DRIFTWOOD DRIVE
LEXINGTON SC 29072

LTR

1 OF 1

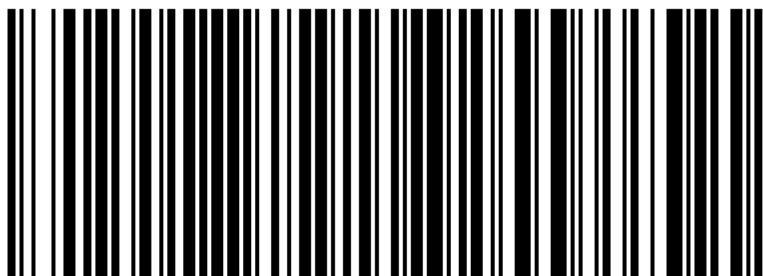
SHIP TO:
SERVICELINK HE POST CLOSING
(800) 777-8759
SPRING EQ - WHOLESALE
1355 CERRINGTON PKWY
MOON TOWNSHIP PA 15108



PA 151 9-50



UPS NEXT DAY AIR SAVER 1P
TRACKING #: 1Z 97Y 48W 13 9379 3436



BILLING: P/P

Reference No.1: Order Number 2003389992
Reference No.2: Disbursement Date 06/02/2025
XOL 25.05.21 NV45 22.0A 05/2025*



TM

File No./Escrow No: 2003389992
 Print Date & Time: May 26 2025 09:01 PM
 Officer/Escrow Officer:
 Settlement Location: 1355 Cherrington Pkwy
 Moon Twp., PA 15108

ServiceLink Title Company, LLC
1355 Cherrington Pkwy
Moon Twp., PA 15108



Property Address: 3359 Crowell Ln , Mount Pleasant, SC 29466

Buyer: Lisa Frances Dolan and David Keith Dolan
 3359 Crowell Ln
 Mount Pleasant, SC 29466

Lender: Spring EQ

Settlement Date: May 28, 2025

Disbursement Date: June 02, 2025

Description	Borrower/Buyer	
	Debit	Credit
Financial		
New Loan to Spring EQ		\$171,000.00
Other Loan Charges		
Administration Fee to SPRING EQ, LLC	\$799.00	
Broker Compensation to GOODLEAP, LLC	\$4,131.36	
APPRAISAL FEE (FULL APPRAISAL) to VALUATION CONNECT - Borrower Paid Before \$540.00		
Credit Report to XACTUS, LLC	\$12.70	
Doc Prep Fee to DOCUTECH	\$22.57	
Flood Certification to UCS	\$7.42	
MERS REGISTRATION FEE to MERS, INC	\$24.95	
Prepaid Interest (\$56.53/day 06/02/2025 to 07/01/2025)	\$1,639.37	
Title Charges & Escrow/ Settlement Charges		
Property Report to ServiceLink Title Company, LLC	\$150.00	
Recording Service Fee to ServiceLink Title Company, LLC	\$25.00	
Doc Signing Fee to ServiceLink Title Company, LLC	\$250.00	
Settlement/Closing Fee to ServiceLink Title Company, LLC	\$100.00	
Government Recording and Transfer Charges		
Mortgage to Charleston County Register of Deeds	\$25.00	

Payoff(s)		
Payoff to Shellpoint \$74,220.93		
Interest on Principal Balance	\$189.00	
Principal balance	\$74,031.93	

	Debit	Credit
Subtotals	\$81,408.30	\$171,000.00
To/From Borrower	\$89,591.70	
Totals	\$171,000.00	\$171,000.00

Acknowledgement

We/I have carefully reviewed the ALTA Settlement Statement and find it to be a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction and further certify that I have received a copy of the ALTA Settlement Statement. We/I authorize ServiceLink Title Company, LLC to cause the funds to be disbursed in accordance with this statement.

BORROWERS:

Lisa Frances Dolan

David Keith Dolan

SETTLEMENT AGENT:

CLOSING WORKSHEET

Loan #: 3000239882

Investor: SPRING EQ, LLC			Lender: SPRING EQ, LLC			
Loan Program: 81995 STANDALONE FIXED 2ND		Type of Loan: <input checked="" type="checkbox"/> Conv <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> RD	Purpose of Loan: <input type="checkbox"/> Purchase <input checked="" type="checkbox"/> Cash-Out Refi. <input type="checkbox"/> No Cash-Out Refi. <input type="checkbox"/> Construction Only <input type="checkbox"/> Construction/ Perm <input type="checkbox"/> HELOC	Program Type: <input checked="" type="checkbox"/> Conforming <input type="checkbox"/> Non-Conforming		
Amort: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> ARM		Repayment Options: <input type="checkbox"/> Interest Only <input type="checkbox"/> Balloon <input type="checkbox"/> Buydown		MERS #: 101369830002398825		
New Construction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Occupancy: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Second Home <input type="checkbox"/> Investment		Lien Position: <input type="checkbox"/> First <input checked="" type="checkbox"/> Second		
Document Package Type: Closing				Alt Doc Package:		
BORROWER/SELLER INFORMATION						
Borrower	First Name	Middle Name	Last Name	Suffix	SS #	Gender
1st	LISA	FRANCES	DOLAN		011-56-9644	SHE
2nd	DAVID	KEITH	DOLAN		032-60-4173	HE
Phone: (617) 529-1023		Vesting: LISA FRANCES DOLAN AND DAVID KEITH DOLAN, AS JOINT TENANTS WITH THE RIGHT OF SURVIVORSHIP				
Street Address		City		County	State	Zip
Mailing: 3359 CROWELL LN		MOUNT PLEASANT		CHARLESTON	SC	29466-7618 US
Property: 3359 CROWELL LN		MOUNT PLEASANT		CHARLESTON	SC	29466-7618
B1 AKA: LISA F MCNEIL LISA F BERTOLACCINI LISA F DOLAN LISA MCNEIL LISA F MCNEIL LISA DOLAN LISA FRANCES DOLAN		B2 AKA: DAVID K DOLAN DAVID KEITH DOLAN DAVID DOLAN				
VA Relative Name:		Address:				
Seller	First Name	Middle Name	Last Name			
1st						
Builder:		Loan Processor: SPRING EQ, LLC				
Loan Closer: JESSICA QUIHUIZ		Loan Officer: CASSANDRA NICOLE CHASE				
Closer Phone: (267) 214-6798		Closer Fax:		Closer Email: JESSICA.QUIHUIZ@SPRINGEQ.COM		
<input checked="" type="checkbox"/> PUD <input type="checkbox"/> CONDO		Name: COTTON CREEK AT PLANTERS POINTE				
PUD Declaration:						
RIDERS						
<input type="checkbox"/> Adjustable Rate <input type="checkbox"/> Balloon <input type="checkbox"/> VA <input type="checkbox"/> Condo <input checked="" type="checkbox"/> PUD <input type="checkbox"/> Second Home <input type="checkbox"/> 1-4 Family <input type="checkbox"/> Biweekly <input type="checkbox"/> Other(s):						
TITLE/ESCROW INFORMATION						
Title Company: SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC						
Address: 1355 CHERRINGTON PARKWAY		City: CORAOPOLIS		State: PA	Zip: 15108	
Title Officer Name: VICKY PALMER		Phone: (877) 848-8122		Fax:		
Escrow Co.: SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC						
Address: 1355 CHERRINGTON PARKWAY		City: CORAOPOLIS		State: PA	Zip: 15108	
Escrow Officer: VICKY PALMER		Phone: (877) 848-8122		Fax:		
Trustee:						
Address:		City:		State:		Zip:
Title Policy Endorsements		<input type="checkbox"/> 3R and 5 <input type="checkbox"/> 8.1 (Environ)	<input type="checkbox"/> 6 (ARMS) <input type="checkbox"/> Location	<input type="checkbox"/> 4 (Condo) <input type="checkbox"/> Comprehensive	<input type="checkbox"/> 6.2 (Neg Amort) <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> 5 (PUD)
Prelim Date: 04/16/25		Escrow #: 2003389992		Tax Message:		Schedule B Items:
Parcel ID(s): 5830700107						
ASSIGNMENT/PAYMENT INFORMATION						
Assignee Name: SPRING EQ, LLC						
Address: 1 WEST ELM ST. SUITE 450		City: CONSHOHOCKEN		State: PA	Zip: 19428-4152	
Assignment Date:		Assign. Loan #:		Phone: (888) 978-9978		
Assign. Officer:		Assign. Title:				
Corp. Officer:		Title:				
Corp. Officer:		Title:				
Pymt To: Shellpoint Mortgage Servicing						
Address: P.O. Box 60535		City: City of Industry		State: CA	Zip: 91716-0535	Phone: (800) 315-4757

LOAN INFORMATION		
Loan Amount: \$171,000.00	Late Charge Percent: 5.000%	Est Closing Date: 05/28/25
Sales Price:	Late Charge Days: 15	Rescission Date: 05/31/25
Appraised Value: \$575,000.00	Late Charge Min: N/A	Disbursement Date: 06/02/25
Interest Rate: 11.900%	Late Charge Max: \$25.50	1st Payment Date: 08/01/25
Loan Term Months: 240	Loan Number: 3000239882	Balloon Maturity Date:
Loan To Value: 29.740%	VA/FHA Case #:	Document Date: 05/19/25
Base Loan Amount \$171,000.00	FHA Suffix:	Lock Date: 04/22/25
Interest Only Months:	FHA Section:	Lock Expiration Date: 06/06/25
HELOC Initial Advance:	PMI Certificate #:	Application Date: 04/21/25
Monthly Principal and Interest: \$1,870.95		

SECONDARY MORTGAGE INFORMATION

Loan Amount:	Term Months:	Interest Rate: %
Payment:	Lien Holder:	Lien Trustee:
ADJUSTABLE INFORMATION		
Margin: %	1st Change Min Int Rate: %	1st Change Max Int Rate: %
Max Int Rate: %	Adj. Period Months:	1st Rate Change:
ARM Index:	Initial Fixed Period Months:	Fully Indexed Rate: %
Negative Amortization: NO	Fixed Rate Negative Amortization: NO	Pymt. Periodic Cap: %
Principal Life Cap: 100.000%	Pymt. Adj. Period Months:	Pymt. Periodic Floor: %

Buydown: Yes No _____ % for _____ Months _____ % for _____ Months _____ % for _____ Months

Buydown Truth-In-Lending Behavior: NOT SET

Depositor:

CONSTRUCTION PERIOD INFORMATION

Construction Term Months:	Construction Rate: N/A	Construction Rate Type: N/A
Construction 1st Payment:	Construction Maturity:	Construction Max Rate: N/A
Construction Interest Charged On: N/A		Construction Min Rate (Prime Rate Plus): N/A

CLOSING FEES

Aff	B	C	D	E
Aff = Paid to Affiliate Type LF = Lender Financed	B = Borrower, S = Seller, L = Lender, R = Branch, K = Broker, O = Other RF = Required Fee	TC = Tolerance Classification (0 = No Increase Allowed, 10 = Ten Percent in Total, GF = Good Faith/Can Rise)	N = Not Using Lender Identified	
Fee	Aff	Total Paid by Borrower	Portion Paid Before Closing	Total Paid by Alternate Payer
A % OF LOAN AMOUNT (POINTS)	-			
A ADMINISTRATION FEE to SPRING EQ, LLC	-	\$799.00		APR
A BROKER COMPENSATION to GOODLEAP, LLC	-	\$4,131.36		APR
B APPRAISAL FEE (FULL APPRAISAL) to VALUATION CONNECT	-	\$540.00	\$540.00 (B)	
B CREDIT REPORT to XACTUS, LLC	-	\$12.70		
B DOCUMENT PREP FEE to DOCUTECH	-	\$22.57		APR
B FLOOD CERTIFICATION FEE to UCS	-	\$7.42		APR
B MERS REGISTRATION FEE to MERS, INC.	-	\$24.95		APR
B MORTGAGE INSURANCE PREMIUM	-			APR
B TITLE - O & E PROPERTY REPORT to SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC	-	\$150.00		
B TITLE - RECORDING SERVICE FEE to SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC	-	\$25.00		APR
B TITLE - SETTLEMENT FEE (ATTORNEY) to SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC	-	\$250.00		APR
B TITLE - WIRE/DISBURSEMENT FEE to SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC	-	\$100.00		APR
E MORTGAGE RECORDING to CHARLESTON COUNTY CLERK	-	\$25.00		
F DAILY INTEREST CHARGES (\$56.53 per day from 6/2/25 to 7/1/25)	-	\$1,639.37		APR
G HOMEOWNER'S INSURANCE \$178.18 per month for 0 mo.				GF
G PROPERTY TAX ESCROW \$126.80 per month for 0 mo.				GF
G HOA FEE \$91.66 per month for 0 mo.				GF
G AGGREGATE ADJUSTMENT				GF

CREDITS

Total Lender Paid Fees:	Lump Sum Lender Credit Amount Included in APR: N/A + Lump Sum Lender Credit Amount Excluded from APR: N/A Lump Sum Lender Credit Total (APR plus non-APR): N/A
Total Seller Paid Fees:	Lump Sum Seller Credit:
Total Third Party Paid Fees:	Lump Sum Third Party Credit:

TILA DISCLOSURE

Early TIL Sent on Date:	Redislosed TIL Mailed on Date:	Latest Disclosed APR: 12.403%	Current APR: 12.406%
Redislosed TIL Accepted by Borrower Date:	Latest Disclosed Finance Charge:	Current Finance Charge: \$285,026.85	
Number of Payments	Total Payment (P&I @ Rate + MI)	Due Beginning	Included in APR Calculation
239	\$1,870.95 (\$1,870.95 @ 11.900% + \$0.00)	08/01/25	ADMINISTRATION FEE \$799.00
1	\$1,870.13 (\$1,870.13 @ 11.900% + \$0.00)	07/01/45	BROKER COMPENSATION \$4,131.36
			DOCUMENT PREP FEE \$22.57
			FLOOD CERTIFICATION FEE \$7.42
			MERS REGISTRATION FEE \$24.95
			TITLE - RECORDING SERVICE FEE \$25.00
			TITLE - SETTLEMENT FEE (ATTORNEY) \$250.00
			TITLE - WIRE/DISBURSEMENT FEE \$100.00
			DAILY INTEREST CHARGES (29 days) \$1,639.37
Total of Monthly Payments: \$449,027.18	CD Total of Payments: \$456,729.55	Total Prepaid Finance Charge: \$6,999.67	
Demand Feature: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Assumption: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount Financed: \$164,000.33	D. Total Loan Costs: \$6,063.00
Refund of Finance Charge: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Security: You are giving a security interest in the property located at 3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618. (Property Address)		

MORTGAGE INSURANCE

Premium Percent: 0.00000%	12 Months	Collected/Paid at Closing:			
1 st Renewal Percent: 0.00000%	108 Months	Financed Premium: %			
2 nd Renewal Percent: 0.00000%	240 Months	Monthly MI: %		Months	

LTV Cutoff: %

ESCROW

Purpose	Escrowed	Description and Payee	Date(s) of Disbursement	Cushion	Months Collected	Annual Amount	Monthly Amount
Other		HOMEOWNER'S INSURANCE			0	\$2,138.16	\$178.18
Other		PROPERTY TAX ESCROW			0	\$1,521.60	\$126.80
HOA Dues		HOA FEE			0	\$1,099.92	\$91.66
Agg Adjust		AGGREGATE ADJUSTMENT					
Total Est. Monthly Payment: \$1,870.95				Total Est. Monthly Escrow:			

TAX INFORMATION

County Tax Payee:				
Address:		City:		State: Zip:
Delinq:		Taxes Last Pd:		\$
Taxes Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
City Tax Payee:				
Address:		City:		State: Zip:
Delinq:		Taxes Last Pd:		\$
Taxes Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
School Tax Payee:				
Address:		City:		State: Zip:
Delinq:		Taxes Last Pd:		\$
Taxes Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Town Property Tax Payee:				
Address:		City:		State: Zip:
Delinq:		Taxes Last Pd:		\$
Taxes Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Village Tax Payee:				
Address:		City:		State: Zip:
Delinq:		Taxes Last Pd:		\$
Taxes Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Other Tax (PROPERTY TAX ESCROW) Payee:				
Address:		City:		State: Zip:
Delinq:		Taxes Last Pd:		\$
Taxes Paid:	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
INSURANCE INFORMATION				
Hazard Insurance Payee:				
Address:		City:		State: Zip:
Agent:	Phone:			Fax:
Amount of Coverage: \$	Policy #:		Effective Date:	Expiration Date:
Insurance Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Flood Insurance Payee:				
Address:		City:		State: Zip:
Agent:	Phone:			Fax:
Amount of Coverage: \$	Policy #:		Effective Date:	Expiration Date:
Insurance Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	

Mortgage Insurance Payee:		City:	State:	Zip:
Address:	Phone:		Fax:	
Agent:	Policy #:	Effective Date:	Expiration Date:	
Amount of Coverage: \$				

Wind/Storm/Hail Insurance Payee:		City:	State:	Zip:
Address:	Phone:		Fax:	
Agent:	Policy #:	Effective Date:	Expiration Date:	
Amount of Coverage: \$				

Insurance Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Earthquake Insurance Payee:		City:	State:	Zip:
Address:	Phone:		Fax:	
Agent:	Policy #:	Effective Date:	Expiration Date:	
Amount of Coverage: \$				

Insurance Paid:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Other Insurance () Payee:		City:	State:	Zip:
Address:	Phone:		Fax:	
Agent:	Policy #:	Effective Date:	Expiration Date:	
Amount of Coverage: \$				

Loss Payee: SHELLPOINT MORTGAGE SERVICING ISAOA ATIMA				
Address: PO BOX 4500	City: SPRINGFIELD	State: OH	Zip: 45501	
Flood Community: MOUNT PLEASANT, TOWN OF				<input type="checkbox"/> Flood Insurance Required

CLOSING CONDITIONS

LEGAL DESCRIPTION

SEE ATTACHED LEGAL DESCRIPTION

PREPAYMENT

Prepayment Penalty: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Percent Penalty: %	Months Penalty:	Prepay Type: NONE
Months in Effect:	When Exceeds: %	Tiered: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hard Prepay Months:
Tiered: _____ % for Months 1-12	_____ % for Months 13-24	_____ % for Months 25-36	_____ % for Months 37-48
			_____ % for Months 49-60

ESCROW HOLDBACK

Item	Contractor	Completion	Cost	Pct %	Borr. Cost	Seller Cost

Warehouse Bank Name:

Loan Servicer: **Shellpoint Mortgage Servicing**
P.O. Box 60535
City of Industry, CA 91716-0535

CLOSING INSTRUCTIONS

SPRING EQ, LLC
1 WEST ELM ST. SUITE 450
CONSHOHOCKEN, PA 19428-4152

P&I: \$1,870.95

Loan Closer: JESSICA QUIHUIZ

Loan Type: Conventional

Closer Phone: (267) 214-6798

Closing Date/Doc Date: MAY 28, 2025

Closer Fax:

Disbursement Date: JUNE 2, 2025

SERVICELINK, LLC D/B/A SERVICELINK TITLE
COMPANY, LLC
1355 CHERRINGTON PARKWAY
CORAOPOLIS, PA 15108

1st Payment Date: AUGUST 1, 2025

Closing/Escrow Agent: VICKY PALMER

Last Payment Date: JULY 1, 2045

Escrow Phone: (877) 848-8122

Sales Price:

Escrow No.: 2003389992

Loan Amount: \$171,000.00

Escrow Fax:

Interest Rate: 11.900%

Term: 240

Loan No.: 3000239882

Case No.:

MIN: 101369830002398825

This loan must fund by: _____

Lender/Broker Name: SPRING EQ, LLC

Borrower(s)/Vesting: LISA FRANCES DOLAN AND DAVID KEITH DOLAN, AS JOINT TENANTS WITH THE RIGHT OF
SURVIVORSHIP

Property Address: 3359 CROWELL LN
MOUNT PLEASANT, SC 29466-7618

Seller(s):

Borrower's Mailing Address: 3359 CROWELL LN
MOUNT PLEASANT, SC 29466-7618 US

Please date all undated documents on the day borrowers sign.

CONSUMER PAID TRANSACTION

No compensation is paid by the Lender. No party other than the Borrower may provide any compensation to the Loan Originator/Broker, directly or indirectly, in connection with this loan transaction.

Fee Details	Sec.	Total Paid by Borrower	Portion Paid Before Closing	Total Paid by Alternate Payer
ADMINISTRATION FEE to SPRING EQ, LLC	A	\$799.00		
BROKER COMPENSATION to GOODLEAP, LLC	A	\$4,131.36		
APPRAISAL FEE (FULL APPRAISAL) to VALUATION CONNECT	B	\$540.00	\$540.00 by Borrower	
CREDIT REPORT to XACTUS, LLC	B	\$12.70		
DOCUMENT PREP FEE to DOCUTECH	B	\$22.57		
FLOOD CERTIFICATION FEE to UCS	B	\$7.42		
MERS REGISTRATION FEE to MERS, INC.	B	\$24.95		
TITLE - O & E PROPERTY REPORT to SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC	B	\$150.00		
TITLE - RECORDING SERVICE FEE to SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC	B	\$25.00		
TITLE - SETTLEMENT FEE (ATTORNEY) to SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC	B	\$250.00		
TITLE - WIRE/DISBURSEMENT FEE to SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC	B	\$100.00		
MORTGAGE RECORDING to CHARLESTON COUNTY CLERK	E	\$25.00		
DAILY INTEREST CHARGES (\$56.53 per day from 6/2/25 to 7/1/25)	F	\$1,639.37		
HOMEOWNER'S INSURANCE \$178.18 per month for 0 mo.	G			
PROPERTY TAX ESCROW \$126.80 per month for 0 mo.	G			
HOA FEE \$91.66 per month for 0 mo.	G			
AGGREGATE ADJUSTMENT	G			

SPECIAL INSTRUCTIONS TO CLOSER:

***** ABSOLUTELY NO CHANGES TO FEES (DO NOT MOVE FROM BORROWER TO SELLER or SELLER TO BORROWER. DO NOT ADD FEES, DO NOT DELETE FEES, DO NOT CHANGE THE AMOUNT OF FEES IN ANY WAY), DOCUMENTS, INSTRUCTIONS OR CONDITIONS UNLESS IN WRITING FROM SPRING EQ, LLC CLOSING DEPARTMENT. NO OTHER PERSON, OFFICE OR DEPARTMENT HAS AUTHORITY TO MAKE ANY CHANGES *****

***** SEE CLOSING DISCLOSURE INCLUDED IN PACKAGE. PLEASE CONTACT SPRING EQ, LLC IMMEDIATELY IF ANY OF THE FEES ARE OUTSIDE OF TOLERANCE. *****

Zero Tolerance (Cannot Increase)	Loan Estimate/ Last Disclosed	Closing Disclosure	Cure
ADMINISTRATION FEE	\$799.00	\$799.00	
BROKER COMPENSATION	\$4,131.36	\$4,131.36	
APPRAISAL FEE (FULL APPRAISAL)	\$540.00	\$540.00	
CREDIT REPORT	\$12.70	\$12.70	
DOCUMENT PREP FEE	\$22.57	\$22.57	
FLOOD CERTIFICATION FEE	\$7.42	\$7.42	
MERS REGISTRATION FEE	\$24.95	\$24.95	
	Total Zero Tolerance Cure:		\$0

10% Cumulative Tolerance	Loan Estimate/ Last Disclosed	Closing Disclosure
TITLE - O & E PROPERTY REPORT	\$150.00	\$150.00
TITLE - RECORDING SERVICE FEE	\$25.00	\$25.00
TITLE - SETTLEMENT FEE (ATTORNEY)	\$250.00	\$250.00
TITLE - WIRE/DISBURSEMENT FEE	\$100.00	\$100.00
MORTGAGE RECORDING	\$25.00	\$25.00
10% of the LE/Last Disclosed Total: \$0	\$0	\$0
	10% Cumulative Tolerance Cure:	\$0

"Good Faith" Limitation (Can Increase)	Loan Estimate/ Last Disclosed	Closing Disclosure
DAILY INTEREST CHARGES	\$169.59	\$1,639.37
TOTAL:	\$0	\$0

AFTER THE CLOSING (IF ESCROW STATE, AFTER SIGNING) HAS BEEN COMPLETED, PLEASE RETURN COMPLETE PACKAGE TO OUR OFFICE AT:

SPRING EQ, LLC
1 WEST ELM ST. SUITE 450
CONSHOHOCKEN, PA 19428-4152

AS SOON AS POSSIBLE BEFORE RECORDING. YOU MUST NOTARIZE WHERE APPLICABLE.

We will review the above documents and advise of our approval. Funds will be disbursed to you as indicated in the "TOTAL AMOUNT OF DRAFT." **\$168,561.63**

You are authorized to record and disburse funds when you are in a position to issue your extended coverage ALTA Lenders policy of title insurance in the amount of **\$171,000.00**, insuring the enclosed Deed of Trust/Mortgage/Security Deed/Security Instrument to be a Second Lien or charge upon the real property described therein, subject only to the following exceptions contained in your commitment above numbered _____ all taxes and assessments must be brought current.

Issue Endorsements:

3R and 5 6 (ARMs) 4 (Condo) 6.2 (Neg. Amort.) 5 (PUD)
 8.1 (Environ.) Location Comprehensive Other

Additional Endorsements required:

YOUR RECORDING OF THE ENCLOSED DOCUMENTS AND/OR THE DISBURSEMENT OF THE ABOVE MENTIONED

FUNDS SHALL CONSTITUTE YOUR ACCEPTANCE TO BE BOUND BY THESE INSTRUCTIONS.

If the title policy is not correct in form and content and we have to return same to you for correction, we may be delayed in delivery of this loan to an investor for purchase. Such a delay could result in financial loss because of investor purchase deadlines and/or warehouse charges. We will hold you responsible. Minimum charge for late or incorrect policies is 1/8 of 1% of the original loan amount per date for the first 30 days late. We consider a title policy "late" if not delivered within thirty (30) working days of recordation.

SPRING EQ, LLC reserves the right to cancel or amend the terms of this loan and/or instructions at any time prior to recordation of our Deed of Trust/Mortgage/Security Deed/Security Instrument.

Date: **MAY 28, 2025**

SPRING EQ, LLC

By: _____
Closing Department

The undersigned escrow agent agrees to comply with all instructions contained herein. Documents will be executed and returned to **JESSICA QUIHUIZ (267) 214-6798** for review and approval PRIOR TO RECORDATION. No alteration, additions or deletions will be made to any documents. Any departure from the requirements and authorizations contained in these instructions must be approved by **JESSICA QUIHUIZ (267) 214-6798**. These instructions become your transmittal letter and request for funds when signed and dated below by a LICENSED Escrow Officer.

Date: _____

Company: **SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC**

By: _____
Licensed Escrow Officer

Broker Compensation

Borrower: LISA FRANCES DOLAN

Loan Number: 3000239882

Compensation Amount: \$4,131.36

Please send the Broker Compensation to:

**MAIL TO: GOODLEAP, LLC
8781 SIERRA COLLEGE BLVD
ROSEVILLE, CA 95661**

If bank account information is provided below, please wire to the following account:

Attention: PLEASE MAIL COMPENSATION TO THE ADDRESS ABOVE

Account Name: N/A

Account Number: N/A

Routing Number: N/A

Closing Disclosure

This form is a statement of final loan terms and closing costs. Compare this document with your Loan Estimate.

Closing Information		Transaction Information		Loan Information	
Date Issued	05/28/2025	Borrower	LISA FRANCES DOLAN and DAVID KEITH DOLAN 3359 CROWELL LN MOUNT PLEASANT, SC 29466-7618	Loan Term	20 years
Closing Date	05/28/2025	Lender	SPRING EQ, LLC	Purpose	Refinance
Disbursement Date	06/02/2025			Product	FIXED RATE
Settlement Agent	SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC			Loan Type	<input checked="" type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/>
File #	2003389992			Loan ID #	3000239882
Property	3359 CROWELL LN MOUNT PLEASANT, SC 29466-7618			MIC #	
Appraised Prop. Value	\$575,000				

Loan Terms		Can this amount increase after closing?	
Loan Amount	\$171,000	NO	
Interest Rate	11.9%	NO	
Monthly Principal & Interest <i>See Projected Payments below for your Estimated Total Monthly Payment</i>	\$1,870.95	NO	
Projected Payments		Does the loan have these features?	
Prepayment Penalty		NO	
Balloon Payment		NO	
Payment Calculation		Years 1-20	
Principal & Interest		\$1,870.95	
Mortgage Insurance	+	0	
Estimated Escrow <i>Amount can increase over time</i>	+	0	
Estimated Total Monthly Payment		\$1,870.95	
Estimated Taxes, Insurance & Assessments <i>Amount can increase over time</i> See page 4 for details	\$396.64 a month	This estimate includes <input checked="" type="checkbox"/> Property Taxes <input checked="" type="checkbox"/> Homeowner's Insurance <input checked="" type="checkbox"/> Other: HOA FEE <i>See Escrow Account on page 4 for details. You must pay for other property costs separately.</i>	In escrow? NO NO NO
Costs at Closing			
Closing Costs	\$7,727.37	Includes \$6,063.00 in Loan Costs + \$1,664.37 in Other Costs - \$0 in Lender Credits. See page 2 for details.	
Cash to Close	\$89,591.70	Includes Closing Costs. See Calculating Cash to Close on page 3 for details. <input type="checkbox"/> From <input checked="" type="checkbox"/> To Borrower	

Closing Cost Details

Loan Costs		Borrower-Paid At Closing	Paid By Others Before Closing
A. Origination Charges		\$4,930.36	
01	% of Loan Amount (Points)		
02	ADMINISTRATION FEE	to SPRING EQ, LLC	\$799.00
03	BROKER COMPENSATION	to GOODLEAP, LLC	\$4,131.36
04			
05			
06			
07			
08			
B. Services Borrower Did Not Shop For		\$1,132.64	
01	APPRAISAL FEE (FULL APPRAISAL)	to VALUATION CONNECT	\$540.00
02	CREDIT REPORT	to XACTUS, LLC	\$12.70
03	DOCUMENT PREP FEE	to DOCUTECH	\$22.57
04	FLOOD CERTIFICATION FEE	to UCS	\$7.42
05	MERS REGISTRATION FEE	to MERS, INC.	\$24.95
06	TITLE – O & E PROPERTY REPORT	to SERVICELINK, LLC D/B/A SERVICELINK TITLE CO	\$150.00
07	TITLE – RECORDING SERVICE FEE	to SERVICELINK, LLC D/B/A SERVICELINK TITLE CO	\$25.00
08	TITLE – SETTLEMENT FEE (ATTORNEY)	to SERVICELINK, LLC D/B/A SERVICELINK TITLE CO	\$250.00
09	TITLE – WIRE/DISBURSEMENT FEE	to SERVICELINK, LLC D/B/A SERVICELINK TITLE CO	\$100.00
10			
C. Services Borrower Did Shop For			
01			
02			
03			
04			
05			
06			
07			
08			
D. TOTAL LOAN COSTS (Borrower-Paid)		\$6,063.00	
Loan Costs Subtotals (A + B + C)		\$5,523.00	\$540.00
Other Costs			
E. Taxes and Other Government Fees		\$25.00	
01	Recording Fees	Deed: Mortgage: \$25.00	\$25.00
02			
F. Prepaids		\$1,639.37	
01	Homeowner's Insurance Premium (mo.)		
02	Mortgage Insurance Premium (mo.)		
03	Prepaid Interest (\$56.53 per day from 6/2/25 to 7/1/25)		\$1,639.37
04	Property Taxes (mo.)		
05			
G. Initial Escrow Payment at Closing			
01	Homeowner's Insurance	per month for mo.	
02	Mortgage Insurance	per month for mo.	
03	Property Taxes	per month for mo.	
04			
05			
06			
07			
08	Aggregate Adjustment		\$0.00
H. Other			
01			
02			
03			
04			
05			
06			
07			
08			
I. TOTAL OTHER COSTS (Borrower-Paid)		\$1,664.37	
Other Costs Subtotals (E + F + G + H)		\$1,664.37	
J. TOTAL CLOSING COSTS (Borrower-Paid)		\$7,727.37	
Closing Costs Subtotals (D + I)		\$7,187.37	\$540.00
Lender Credits			

Payoffs and Payments

Use this table to see a summary of your payoffs and payments to others from your loan amount.

TO	AMOUNT
01 NR/SMS/CAL	\$74,220.93
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	
15	
K. TOTAL PAYOFFS AND PAYMENTS	\$74,220.93

Calculating Cash to Close

Use this table to see what has changed from your Loan Estimate.

	Loan Estimate	Final	Did this change?
Loan Amount	\$175,000.00	\$171,000.00	YES • This amount decreased
Total Closing Costs (J)	-\$6,185.00	-\$7,727.37	YES • See Total Loan Costs (D) and Total Other Costs (I)
Closing Costs Paid Before Closing	\$0	\$540.00	YES • You paid these Closing Costs before closing
Total Payoffs and Payments (K)	-\$73,622.00	-\$74,220.93	YES • See Payoffs and Payments (K)
Cash to Close	\$95,193.00 <input type="checkbox"/> From <input checked="" type="checkbox"/> To Borrower	\$89,591.70 <input type="checkbox"/> From <input checked="" type="checkbox"/> To Borrower	Closing Costs Financed (Paid from your Loan Amount) \$7,187.37

Additional Information About This Loan

Loan Disclosures

Assumption

If you sell or transfer this property to another person, your lender

- will allow, under certain conditions, this person to assume this loan on the original terms.
- will not allow assumption of this loan on the original terms.

Demand Feature

Your loan

- has a demand feature, which permits your lender to require early repayment of the loan. You should review your note for details.
- does not have a demand feature.

Late Payment

If your payment is more than 15 days late, your lender will charge a late fee of *5% of the overdue monthly principal and interest payment, but not more than \$25.50*.

Negative Amortization (Increase in Loan Amount)

Under your loan terms, you

- are scheduled to make monthly payments that do not pay all of the interest due that month. As a result, your loan amount will increase (negatively amortize), and your loan amount will likely become larger than your original loan amount. Increases in your loan amount lower the equity you have in this property.
- may have monthly payments that do not pay all of the interest due that month. If you do, your loan amount will increase (negatively amortize), and, as a result, your loan amount may become larger than your original loan amount. Increases in your loan amount lower the equity you have in this property.
- do not have a negative amortization feature.

Partial Payments

Your lender

- may accept payments that are less than the full amount due (partial payments) and apply them to your loan.
- may hold them in a separate account until you pay the rest of the payment, and then apply the full payment to your loan.
- does not accept any partial payments.

If this loan is sold, your new lender may have a different policy.

Security Interest

You are granting a security interest in
3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618

You may lose this property if you do not make your payments or satisfy other obligations for this loan.

Escrow Account

For now, your loan

- will have an escrow account (also called an "impound" or "trust" account) to pay the property costs listed below. Without an escrow account, you would pay them directly, possibly in one or two large payments a year. Your lender may be liable for penalties and interest for failing to make a payment.

Escrow

Escrowed Property Costs over Year 1		Estimated total amount over year 1 for your escrowed property costs:
Non-Escrowed Property Costs over Year 1		Estimated total amount over year 1 for your non-escrowed property costs: You may have other property costs.
Initial Escrow Payment		A cushion for the escrow account you pay at closing. See Section G on page 2.
Monthly Escrow Payment		The amount included in your total monthly payment.

- will not have an escrow account because you declined it your lender does not offer one. You must directly pay your property costs, such as taxes and homeowner's insurance. Contact your lender to ask if your loan can have an escrow account.

No Escrow

Estimated Property Costs over Year 1	\$4,759.68	Estimated total amount over year 1. You must pay these costs directly, possibly in one or two large payments a year.
Escrow Waiver Fee		

In the future,

Your property costs may change and, as a result, your escrow payment may change. You may be able to cancel your escrow account, but if you do, you must pay your property costs directly. If you fail to pay your property taxes, your state or local government may (1) impose fines and penalties or (2) place a tax lien on this property. If you fail to pay any of your property costs, your lender may (1) add the amounts to your loan balance, (2) add an escrow account to your loan, or (3) require you to pay for property insurance that the lender buys on your behalf, which likely would cost more and provide fewer benefits than what you could buy on your own.

Loan Calculations

Total of Payments. Total you will have paid after you make all payments of principal, interest, mortgage insurance, and loan costs, as scheduled.	\$456,729.55
Finance Charge. The dollar amount the loan will cost you.	\$285,026.85
Amount Financed. The loan amount available after paying your upfront finance charge.	\$164,000.33
Annual Percentage Rate (APR). Your costs over the loan term expressed as a rate. This is not your interest rate.	12.406%
Total Interest Percentage (TIP). The total amount of interest that you will pay over the loan term as a percentage of your loan amount.	163.548%

Other Disclosures

Appraisal

If the property was appraised for your loan, your lender is required to give you a copy at no additional cost at least 3 days before closing. If you have not yet received it, please contact your lender at the information listed below.

Contract Details

See your note and security instrument for information about

- what happens if you fail to make your payments,
- what is a default on the loan,
- situations in which your lender can require early repayment of the loan, and
- the rules for making payments before they are due.

Liability after Foreclosure

If your lender forecloses on this property and the foreclosure does not cover the amount of unpaid balance on this loan,

state law may protect you from liability for the unpaid balance. If you refinance or take on any additional debt on this property, you may lose this protection and have to pay any debt remaining even after foreclosure. You may want to consult a lawyer for more information.

state law does not protect you from liability for the unpaid balance.

Refinance

Refinancing this loan will depend on your future financial situation, the property value, and market conditions. You may not be able to refinance this loan.

Tax Deductions

If you borrow more than this property is worth, the interest on the loan amount above this property's fair market value is not deductible from your federal income taxes. You should consult a tax advisor for more information.

Contact Information

	Lender	Mortgage Broker	Settlement Agent
Name	SPRING EQ, LLC	GOODLEAP, LLC	SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC
Address	1 WEST ELM ST. SUITE 450 CONSHOHOCKEN, PA 19428-4152	8781 SIERRA COLLEGE BLVD ROSEVILLE, CA 95661	1355 CERRINGTON PARKWAY CORAOPOLIS, PA 15108
NMLS ID	1464945	30336	
SC License ID		MLS - 30336	
Contact		CASSANDRA NICOLE CHASE	VICKY PALMER
Contact NMLS ID		1918034	
Contact SC License ID		MLO - 1918034	
Email		CCHASE@GOODLEAP.COM	SPRINGEQ@SVCLNK.COM
Phone	888-978-9978	(949) 359-7906	(877) 848-8122

Confirm Receipt

By signing, you are only confirming that you have received this form. You do not have to accept this loan because you have signed or received this form.

DAVID KEITH DOLAN

Date

Closing Disclosure

This form is a statement of final loan terms and closing costs. Compare this document with your Loan Estimate.

Closing Information		Transaction Information		Loan Information	
Date Issued	05/28/2025	Borrower	LISA FRANCES DOLAN and DAVID KEITH DOLAN 3359 CROWELL LN MOUNT PLEASANT, SC 29466-7618	Loan Term	20 years
Closing Date	05/28/2025	Lender	SPRING EQ, LLC	Purpose	Refinance
Disbursement Date	06/02/2025			Product	FIXED RATE
Settlement Agent	SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC			Loan Type	<input checked="" type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/>
File #	2003389992			Loan ID #	3000239882
Property	3359 CROWELL LN MOUNT PLEASANT, SC 29466-7618			MIC #	
Appraised Prop. Value	\$575,000				

Loan Terms		Can this amount increase after closing?	
Loan Amount	\$171,000	NO	
Interest Rate	11.9%	NO	
Monthly Principal & Interest <i>See Projected Payments below for your Estimated Total Monthly Payment</i>	\$1,870.95	NO	
Prepayment Penalty		Does the loan have these features?	
		NO	
Balloon Payment		NO	

Projected Payments		Years 1-20	
Payment Calculation			
Principal & Interest		\$1,870.95	
Mortgage Insurance	+	0	
Estimated Escrow <i>Amount can increase over time</i>	+	0	
Estimated Total Monthly Payment		\$1,870.95	
Estimated Taxes, Insurance & Assessments <i>Amount can increase over time</i> See page 4 for details	\$396.64 a month	This estimate includes <input checked="" type="checkbox"/> Property Taxes <input checked="" type="checkbox"/> Homeowner's Insurance <input checked="" type="checkbox"/> Other: HOA FEE <i>See Escrow Account on page 4 for details. You must pay for other property costs separately.</i>	In escrow? NO NO NO

Costs at Closing			
Closing Costs	\$7,727.37	Includes \$6,063.00 in Loan Costs + \$1,664.37 in Other Costs - \$0 in Lender Credits. See page 2 for details.	
Cash to Close	\$89,591.70	Includes Closing Costs. See Calculating Cash to Close on page 3 for details. <input type="checkbox"/> From <input checked="" type="checkbox"/> To Borrower	

Closing Cost Details

Loan Costs		Borrower-Paid At Closing	Paid By Others Before Closing
A. Origination Charges		\$4,930.36	
01	% of Loan Amount (Points)		
02	ADMINISTRATION FEE	to SPRING EQ, LLC	\$799.00
03	BROKER COMPENSATION	to GOODLEAP, LLC	\$4,131.36
04			
05			
06			
07			
08			
B. Services Borrower Did Not Shop For		\$1,132.64	
01	APPRAISAL FEE (FULL APPRAISAL)	to VALUATION CONNECT	\$540.00
02	CREDIT REPORT	to XACTUS, LLC	\$12.70
03	DOCUMENT PREP FEE	to DOCUTECH	\$22.57
04	FLOOD CERTIFICATION FEE	to UCS	\$7.42
05	MERS REGISTRATION FEE	to MERS, INC.	\$24.95
06	TITLE – O & E PROPERTY REPORT	to SERVICELINK, LLC D/B/A SERVICELINK TITLE CO	\$150.00
07	TITLE – RECORDING SERVICE FEE	to SERVICELINK, LLC D/B/A SERVICELINK TITLE CO	\$25.00
08	TITLE – SETTLEMENT FEE (ATTORNEY)	to SERVICELINK, LLC D/B/A SERVICELINK TITLE CO	\$250.00
09	TITLE – WIRE/DISBURSEMENT FEE	to SERVICELINK, LLC D/B/A SERVICELINK TITLE CO	\$100.00
10			
C. Services Borrower Did Shop For			
01			
02			
03			
04			
05			
06			
07			
08			
D. TOTAL LOAN COSTS (Borrower-Paid)		\$6,063.00	
Loan Costs Subtotals (A + B + C)		\$5,523.00	\$540.00
Other Costs			
E. Taxes and Other Government Fees		\$25.00	
01	Recording Fees	Deed: Mortgage: \$25.00	\$25.00
02			
F. Prepaids		\$1,639.37	
01	Homeowner's Insurance Premium (mo.)		
02	Mortgage Insurance Premium (mo.)		
03	Prepaid Interest (\$56.53 per day from 6/2/25 to 7/1/25)		\$1,639.37
04	Property Taxes (mo.)		
05			
G. Initial Escrow Payment at Closing			
01	Homeowner's Insurance	per month for mo.	
02	Mortgage Insurance	per month for mo.	
03	Property Taxes	per month for mo.	
04			
05			
06			
07			
08	Aggregate Adjustment		\$0.00
H. Other			
01			
02			
03			
04			
05			
06			
07			
08			
I. TOTAL OTHER COSTS (Borrower-Paid)		\$1,664.37	
Other Costs Subtotals (E + F + G + H)		\$1,664.37	
J. TOTAL CLOSING COSTS (Borrower-Paid)		\$7,727.37	
Closing Costs Subtotals (D + I)		\$7,187.37	\$540.00
Lender Credits			

Payoffs and Payments

Use this table to see a summary of your payoffs and payments to others from your loan amount.

TO	AMOUNT
01 NR/SMS/CAL	\$74,220.93
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	
15	
K. TOTAL PAYOFFS AND PAYMENTS	\$74,220.93

Calculating Cash to Close

Use this table to see what has changed from your Loan Estimate.

	Loan Estimate	Final	Did this change?
Loan Amount	\$175,000.00	\$171,000.00	YES • This amount decreased
Total Closing Costs (J)	-\$6,185.00	-\$7,727.37	YES • See Total Loan Costs (D) and Total Other Costs (I)
Closing Costs Paid Before Closing	\$0	\$540.00	YES • You paid these Closing Costs before closing
Total Payoffs and Payments (K)	-\$73,622.00	-\$74,220.93	YES • See Payoffs and Payments (K)
Cash to Close	\$95,193.00 <input type="checkbox"/> From <input checked="" type="checkbox"/> To Borrower	\$89,591.70 <input type="checkbox"/> From <input checked="" type="checkbox"/> To Borrower	Closing Costs Financed (Paid from your Loan Amount) \$7,187.37

Additional Information About This Loan

Loan Disclosures

Assumption

If you sell or transfer this property to another person, your lender

- will allow, under certain conditions, this person to assume this loan on the original terms.
- will not allow assumption of this loan on the original terms.

Demand Feature

Your loan

- has a demand feature, which permits your lender to require early repayment of the loan. You should review your note for details.
- does not have a demand feature.

Late Payment

If your payment is more than 15 days late, your lender will charge a late fee of *5% of the overdue monthly principal and interest payment, but not more than \$25.50*.

Negative Amortization (Increase in Loan Amount)

Under your loan terms, you

- are scheduled to make monthly payments that do not pay all of the interest due that month. As a result, your loan amount will increase (negatively amortize), and your loan amount will likely become larger than your original loan amount. Increases in your loan amount lower the equity you have in this property.
- may have monthly payments that do not pay all of the interest due that month. If you do, your loan amount will increase (negatively amortize), and, as a result, your loan amount may become larger than your original loan amount. Increases in your loan amount lower the equity you have in this property.
- do not have a negative amortization feature.

Partial Payments

Your lender

- may accept payments that are less than the full amount due (partial payments) and apply them to your loan.
- may hold them in a separate account until you pay the rest of the payment, and then apply the full payment to your loan.
- does not accept any partial payments.

If this loan is sold, your new lender may have a different policy.

Security Interest

You are granting a security interest in
3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618

You may lose this property if you do not make your payments or satisfy other obligations for this loan.

Escrow Account

For now, your loan

- will have an escrow account (also called an "impound" or "trust" account) to pay the property costs listed below. Without an escrow account, you would pay them directly, possibly in one or two large payments a year. Your lender may be liable for penalties and interest for failing to make a payment.

Escrow

Escrowed Property Costs over Year 1		Estimated total amount over year 1 for your escrowed property costs:
Non-Escrowed Property Costs over Year 1		Estimated total amount over year 1 for your non-escrowed property costs: You may have other property costs.
Initial Escrow Payment		A cushion for the escrow account you pay at closing. See Section G on page 2.
Monthly Escrow Payment		The amount included in your total monthly payment.

- will not have an escrow account because you declined it your lender does not offer one. You must directly pay your property costs, such as taxes and homeowner's insurance. Contact your lender to ask if your loan can have an escrow account.

No Escrow

Estimated Property Costs over Year 1	\$4,759.68	Estimated total amount over year 1. You must pay these costs directly, possibly in one or two large payments a year.
Escrow Waiver Fee		

In the future,

Your property costs may change and, as a result, your escrow payment may change. You may be able to cancel your escrow account, but if you do, you must pay your property costs directly. If you fail to pay your property taxes, your state or local government may (1) impose fines and penalties or (2) place a tax lien on this property. If you fail to pay any of your property costs, your lender may (1) add the amounts to your loan balance, (2) add an escrow account to your loan, or (3) require you to pay for property insurance that the lender buys on your behalf, which likely would cost more and provide fewer benefits than what you could buy on your own.

Loan Calculations

Total of Payments. Total you will have paid after you make all payments of principal, interest, mortgage insurance, and loan costs, as scheduled.	\$456,729.55
Finance Charge. The dollar amount the loan will cost you.	\$285,026.85
Amount Financed. The loan amount available after paying your upfront finance charge.	\$164,000.33
Annual Percentage Rate (APR). Your costs over the loan term expressed as a rate. This is not your interest rate.	12.406%
Total Interest Percentage (TIP). The total amount of interest that you will pay over the loan term as a percentage of your loan amount.	163.548%

Other Disclosures

Appraisal

If the property was appraised for your loan, your lender is required to give you a copy at no additional cost at least 3 days before closing. If you have not yet received it, please contact your lender at the information listed below.

Contract Details

See your note and security instrument for information about

- what happens if you fail to make your payments,
- what is a default on the loan,
- situations in which your lender can require early repayment of the loan, and
- the rules for making payments before they are due.

Liability after Foreclosure

If your lender forecloses on this property and the foreclosure does not cover the amount of unpaid balance on this loan,

state law may protect you from liability for the unpaid balance. If you refinance or take on any additional debt on this property, you may lose this protection and have to pay any debt remaining even after foreclosure. You may want to consult a lawyer for more information.

state law does not protect you from liability for the unpaid balance.

Refinance

Refinancing this loan will depend on your future financial situation, the property value, and market conditions. You may not be able to refinance this loan.

Tax Deductions

If you borrow more than this property is worth, the interest on the loan amount above this property's fair market value is not deductible from your federal income taxes. You should consult a tax advisor for more information.

Contact Information

	Lender	Mortgage Broker	Settlement Agent
Name	SPRING EQ, LLC	GOODLEAP, LLC	SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC
Address	1 WEST ELM ST. SUITE 450 CONSHOHOCKEN, PA 19428-4152	8781 SIERRA COLLEGE BLVD ROSEVILLE, CA 95661	1355 CERRINGTON PARKWAY CORAOPOLIS, PA 15108
NMLS ID	1464945	30336	
SC License ID		MLS - 30336	
Contact		CASSANDRA NICOLE CHASE	VICKY PALMER
Contact NMLS ID		1918034	
Contact SC License ID		MLO - 1918034	
Email		CCHASE@GOODLEAP.COM	SPRINGEQ@SVCLNK.COM
Phone	888-978-9978	(949) 359-7906	(877) 848-8122

Confirm Receipt

By signing, you are only confirming that you have received this form. You do not have to accept this loan because you have signed or received this form.

LISA FRANCES DOLAN

Date

FIRST PAYMENT LETTER

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

DATE: MAY 28, 2025

LOAN NUMBER: 3000239882

PROPERTY ADDRESS: 3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618

The undersigned understands that any maintenance fee due in connection with the above property will not be collected in the escrow/reserve account. That same will be billed to the undersigned and paid by the undersigned directly to the maintenance association.

The first regular monthly payment on the above mortgage loan is due on AUGUST 1, 2025. Based on the preliminary information now available for the amount of taxes and insurance, the undersigned understands that the ESTIMATE of the total monthly payment is as follows:

Principal and Interest	\$ <u>1,870.95</u>
Homeowner's Insurance	\$ _____
Property Taxes	\$ _____
	\$ _____
	\$ _____
TOTAL PAYMENT:	\$ <u>1,870.95</u>

The undersigned further acknowledges that monthly statements will be sent to the undersigned, and that the amount of monthly payment may differ from the amount shown above, depending upon the latest estimate of the amount for taxes and insurance.

RECEIVED AND ACKNOWLEDGED:

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -

PAYMENT MUST BE SENT TO:

Shellpoint Mortgage Servicing
P.O. Box 650840
Dallas, TX 75265-0840
Phone: (800) 365-7107 (toll free)

NOTE

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

MAY 28, 2025
[Date]

CORAOPOLIS,
[City]

PENNSYLVANIA
[State]

3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618
[Property Address]

1. BORROWER'S PROMISE TO PAY

In return for a loan that I have received, I promise to pay U.S. \$171,000.00 (this amount is called "Principal"), plus interest, to the order of the Lender. The Lender is SPRING EQ, LLC. I will make all payments under this Note in the form of cash, check or money order.

I understand that the Lender may transfer this Note. The Lender or anyone who takes this Note by transfer and who is entitled to receive payments under this Note is called the "Note Holder."

2. INTEREST

Interest will be charged on unpaid principal until the full amount of Principal has been paid. I will pay interest at a yearly rate of 11.900%.

The interest rate required by this Section 2 is the rate I will pay both before and after any default described in Section 6(B) of this Note.

3. PAYMENTS

(A) Time and Place of Payments

I will pay principal and interest by making a payment every month.

I will make my monthly payment on the 1ST day of each month beginning on AUGUST 1, 2025. I will make these payments every month until I have paid all of the principal and interest and any other charges described below that I may owe under this Note. Each monthly payment will be applied as of its scheduled due date and will be applied to interest before Principal. If, on JULY 1, 2045, I still owe amounts under this Note, I will pay those amounts in full on that date, which is called the "Maturity Date."

I will make my monthly payments at 1 WEST ELM ST. SUITE 450, CONSHOHOCKEN, PA 19428-4152 or at a different place if required by the Note Holder.

(B) Amount of Monthly Payments

My monthly payment will be in the amount of U.S. \$1,870.95.

4. BORROWER'S RIGHT TO PREPAY

I have the right to make payments of Principal at any time before they are due. A payment of Principal only is known as a "Prepayment." When I make a Prepayment, I will tell the Note Holder in writing that I am doing so. I may not designate a payment as a Prepayment if I have not made all the monthly payments due under the Note.

I may make a full Prepayment or partial Prepayments without paying a Prepayment charge. The Note Holder will use my Prepayments to reduce the amount of Principal that I owe under this Note. However, the Note Holder may apply my Prepayment to the accrued and unpaid interest on the Prepayment amount, before applying my Prepayment to reduce the Principal amount of the Note. If I make a partial Prepayment, there will be no changes in the due date or in the amount of my monthly payment unless the Note Holder agrees in writing to those changes.

5. LOAN CHARGES

If a law, which applies to this loan and which sets maximum loan charges, is finally interpreted so that the interest or other loan charges collected or to be collected in connection with this loan exceed the permitted limits, then: (a) any such loan charge shall be reduced by the amount necessary to reduce the charge to the permitted limit; and (b) any sums already collected from me which exceeded permitted limits will be refunded to me. The Note Holder may choose to make this refund by reducing the Principal I owe under this Note or by making a direct payment to me. If a refund reduces Principal, the reduction will be treated as a partial Prepayment.

6. BORROWER'S FAILURE TO PAY AS REQUIRED

SPRING EQ, LLC (NMLS #: 1464945) | GOODLEAP, LLC (NMLS #: 30336) | CASSANDRA NICOLE CHASE (NMLS #: 30336)
SOUTH CAROLINA - SECOND FIXED RATE NOTE - 08/16

(A) Late Charge for Overdue Payments

If the Note Holder has not received the full amount of any monthly payment by the end of **15** calendar days after the date it is due, I will pay a late charge to the Note Holder. The amount of the charge will be **5.000%** of my overdue payment of principal and interest, but not more than U.S. **\$25.50**. I will pay this late charge promptly but only once on each late payment.

(B) Default

If I do not pay the full amount of each monthly payment on the date it is due, I will be in default.

(C) Notice of Default

If I am in default, the Note Holder may send me a written notice telling me that if I do not pay the overdue amount by a certain date, the Note Holder may require me to pay immediately the full amount of Principal which has not been paid and all the interest that I owe on that amount. That date must be at least 30 days after the date on which the notice is mailed to me or delivered by other means.

(D) No Waiver By Note Holder

Even if, at a time when I am in default, the Note Holder does not require me to pay immediately in full as described above, the Note Holder will still have the right to do so if I am in default at a later time.

(E) Payment of Note Holder's Costs and Expenses

If the Note Holder has required me to pay immediately in full as described above, the Note Holder will have the right to be paid back by me for all of its costs and expenses in enforcing this Note to the extent not prohibited by applicable law. Those expenses include, for example, reasonable attorneys' fees.

7. GIVING OF NOTICES

Unless applicable law requires a different method, any notice that must be given to me under this Note will be given by delivering it or by mailing it by first class mail to me at the Property Address above or at a different address if I give the Note Holder a notice of my different address.

Any notice that must be given to the Note Holder under this Note will be given by delivering it or by mailing it by first class mail to the Note Holder at the address stated in Section 3(A) above or at a different address if I am given a notice of that different address.

8. OBLIGATIONS OF PERSONS UNDER THIS NOTE

If more than one person signs this Note, each person is fully and personally obligated to keep all of the promises made in this Note, including the promise to pay the full amount owed. Any person who is a guarantor, surety or endorser of this Note is also obligated to do these things. Any person who takes over these obligations, including the obligations of a guarantor, surety or endorser of this Note, is also obligated to keep all of the promises made in this Note. The Note Holder may enforce its rights under this Note against each person individually or against all of us together. This means that any one of us may be required to pay all of the amounts owed under this Note.

9. WAIVERS

I and any other person who has obligations under this Note waive the rights of Presentment and Notice of Dishonor. "Presentment" means the right to require the Note Holder to demand payment of amounts due. "Notice of Dishonor" means the right to require the Note Holder to give notice to other persons that amounts due have not been paid.

10. UNIFORM SECURED NOTE

This Note is a uniform instrument with limited variations in some jurisdictions. In addition to the protections given to the Note Holder under this Note, a Mortgage, Deed of Trust or Security Deed (the "Security Instrument"), dated the same date as this Note, protects the Note Holder from possible losses which might result if I do not keep the promises which I make in this Note. That Security Instrument describes how and under what conditions I may be required to make immediate payment in full of all amounts I owe under this Note. Some of those conditions are described as follows:

If all or any part of the Property or any Interest in the Property is sold or transferred (or if Borrower is not a natural person and a beneficial interest in Borrower is sold or transferred) without Lender's prior written consent, Lender may require immediate payment in full of all sums

secured by this Security Instrument. However, this option shall not be exercised by Lender if such exercise is prohibited by Applicable Law.

If Lender exercises this option, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than 30 days from the date the notice is given in accordance with Section 12 within which Borrower must pay all sums secured by this Security Instrument. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by this Security Instrument without further notice or demand on Borrower.

NOTICE TO BORROWER
Do not sign this Note if it contains blank spaces.
All spaces should be completed before you sign.

WITNESS THE HAND(S) AND SEAL(S) OF THE UNDERSIGNED.

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -

[Sign Original Only]

Individual Loan Originator: **CASSANDRA NICOLE CHASE**, NMLSR ID: **1918034**
Loan Originator Organization: **GOODLEAP, LLC**, NMLSR ID: **30336**

After Recording Return To:

SPRING EQ, LLC
1 WEST ELM ST. SUITE 450
CONSHOHOCKEN, PA 19428-4152
888-978-9978

Prepared By:

JESSICA QUIHUIZ
SPRING EQ, LLC
1 WEST ELM ST. SUITE 450
CONSHOHOCKEN, PA 19428-4152
888-978-9978

[Space Above This Line For Recording Data]

MORTGAGE

DOLAN
Loan #: 3000239882
MIN: 101369830002398825
MERS Phone: 1-888-679-6377
PIN: 5830700107

THIS MORTGAGE is made this **28TH** day of **MAY, 2025**, between the Mortgagor, **LISA FRANCES DOLAN AND DAVID KEITH DOLAN, AS JOINT TENANTS WITH THE RIGHT OF SURVIVORSHIP** (herein "Borrower"), and the Mortgagee, Mortgage Electronic Registration Systems, INC ("MERS"), (solely as nominee for Lender, as hereinafter defined, and Lender's successors and assigns). MERS is organized and existing under the laws of Delaware, and has an address and telephone number of P.O. Box 2026, Flint, MI 48501-2026, tel. (888) 679-MERS. **SPRING EQ, LLC** ("Lender") is organized and existing under the laws of **DELAWARE** and has an address of **1 WEST ELM ST. SUITE 450, CONSHOHOCKEN, PA 19428-4152**.

WHEREAS, Borrower is indebted to Lender in the principal sum of U.S. **\$171,000.00**, which indebtedness is evidenced by Borrower's note dated **MAY 28, 2025** and extensions and renewals thereof (herein "Note"), providing for monthly installments of principal and interest, with the balance of indebtedness, if not sooner paid, due and on **JULY 1, 2045**;

TO SECURE to Lender the repayment of the indebtedness evidenced by the Note, with interest thereon; the payment of all other sums, with interest thereon, advanced in accordance herewith to protect the security of this Mortgage; and the performance of the covenants and agreements of Borrower herein contained, Borrower does hereby mortgage, grant and convey to MERS (solely as nominee for Lender and Lender's successors and assigns) and to the successors and assigns of MERS, the following described property located in the County of **CHARLESTON**, State of South Carolina:

SEE ATTACHED LEGAL DESCRIPTION

which has the address of **3359 CROWELL LN, MOUNT PLEASANT, South Carolina, 29466-7618** (herein "Property Address");

TO HAVE AND TO HOLD unto MERS (solely as nominee for Lender and Lender's successors and assigns) and to the successors and assigns of MERS, and assigns, forever, together with all the improvements now or hereafter erected on the property, and all easements, rights, appurtenances and rents, all of which shall be deemed to be and remain a part of the property covered by this Mortgage; and all of the foregoing, together with said property (or the leasehold estate if this Mortgage is on a leasehold) are hereinafter referred

SPRING EQ, LLC (NMLS #: 1464945) | **GOODLEAP, LLC** (NMLS #: 30336) | **CASSANDRA NICOLE CHASE** (NMLS #: 30336)

SOUTH CAROLINA- SECOND MORTGAGE - 03/18

to as the "Property." Borrower understands and agrees that MERS holds only legal title to the interest granted by Borrower in this Mortgage; but, if necessary to comply with law or custom, MERS, (as nominee for Lender and Lender's successors and assigns), has the right: to exercise any or all of those interests, including but not limited to, the right to foreclose and sell the Property; and to take any action required of Lender including, but not limited to, releasing or canceling this Mortgage.

Borrower covenants that Borrower is lawfully seised of the estate hereby conveyed and has the right to mortgage, grant and convey the Property, and that the Property is unencumbered, except for encumbrances of record. Borrower covenants that Borrower warrants and will defend generally the title to the Property against all claims and demands, subject to encumbrances of record.

UNIFORM COVENANTS. Borrower and Lender covenant and agree as follows:

1. Payment of Principal and Interest. Borrower shall promptly pay when due the principal and interest indebtedness evidenced by the Note and late charges as provided in the Note.

2. Funds for Taxes and Insurance. Subject to applicable law or a written waiver by Lender, Borrower shall pay to Lender on the day monthly payments of principal and interest are payable under the Note, until the Note is paid in full, a sum (herein "Funds") equal to one-twelfth of the yearly taxes and assessments (including condominium and planned unit development assessments, if any) which may attain priority over this Mortgage and ground rents on the Property, if any, plus one-twelfth of yearly premium installments for hazard insurance, plus one-twelfth of yearly premium installments for mortgage insurance, if any, all as reasonably estimated initially and from time to time by Lender on the basis of assessments and bills and reasonable estimates thereof. Borrower shall not be obligated to make such payments of Funds to Lender to the extent that Borrower makes such payments to the holder of a prior mortgage or deed of trust if such holder is an institutional lender.

If Borrower pays Funds to Lender, the Funds shall be held in an institution the deposits or accounts of which are insured or guaranteed by a federal or state agency (including Lender if Lender is such an institution). Lender shall apply the Funds to pay said taxes, assessments, insurance premiums and ground rents. Lender may not charge for so holding and applying the Funds, analyzing said account or verifying and compiling said assessments and bills, unless Lender pays Borrower interest on the Funds and applicable law permits Lender to make such a charge. Borrower and Lender may agree in writing at the time of execution of this Mortgage that interest on the Funds shall be paid to Borrower, and unless such agreement is made or applicable law requires such interest to be paid, Lender shall not be required to pay Borrower any interest or earnings on the Funds. Lender shall give to Borrower, without charge, an annual accounting of the Funds showing credits and debits to the Funds and the purpose for which each debit to the Funds was made. The Funds are pledged as additional security for the sums secured by this Mortgage.

If the amount of the Funds held by Lender, together with the future monthly installments of Funds payable prior to the due dates of taxes, assessments, insurance premiums and ground rents, shall exceed the amount required to pay said taxes, assessments, insurance premiums and ground rents as they fall due, such excess shall be, at Borrower's option, either promptly repaid to Borrower or credited to Borrower on monthly installments of Funds. If the amount of the Funds held by Lender shall not be sufficient to pay taxes, assessments, insurance premiums and ground rents as they fall due, Borrower shall pay to Lender any amount necessary to make up the deficiency in one or more payments as Lender may require.

Upon payment in full of all sums secured by this Mortgage, Lender shall promptly refund to Borrower any Funds held by Lender. If under paragraph 17 hereof the Property is sold or the Property is otherwise acquired by Lender, Lender shall apply, no later than immediately prior to the sale of the Property or its acquisition by Lender, any Funds held by Lender at the time of application as a credit against the sums secured by this Mortgage.

3. Application of Payments. Except as otherwise described in this Section 3, all payments accepted and applied by Lender shall be applied in the following order of priority: (a) interest due under the Note; (b) principal due under the Note; (c) amounts due under Section 2. Such payments shall be applied to each Periodic Payment in the order in which it became due. Any remaining amounts shall be applied first to late charges, second to any other amounts due under this Security Instrument, and then to reduce the principal balance of the Note. If Lender receives a payment from Borrower for a delinquent Periodic Payment which includes a sufficient amount to pay any late charge due, the payment may be applied to the delinquent payment and the late charge. If more than one Periodic Payment is outstanding, Lender may apply any payment received from Borrower to the repayment of the Periodic Payments if, and to the extent that, each payment can be paid in full. To the extent that any excess exists after the payment is applied to the full payment of one or more Periodic Payments, such excess may be applied to any late charges due. Voluntary prepayments shall be applied first to any prepayment charges and then as described in the Note. Any application of payments, insurance proceeds, or Miscellaneous Proceeds to principal due under the Note shall not extend or postpone the due date, or change the amount, of the Periodic Payments.

4. Prior Mortgages and Deeds of Trust; Charges; Liens. Borrower shall perform all of Borrower's obligations under any mortgage, deed of trust or other security agreement with a lien which has priority over this Mortgage, including Borrower's covenants to make payments when due. Borrower shall pay or cause to be paid all taxes, assessments and other charges, fines and impositions attributable to the Property which may attain a priority over this Mortgage, and leasehold payments or ground rents, if any.

5. Hazard Insurance. Borrower shall keep the improvements now existing or hereafter erected on the Property insured against loss by fire, hazards included within the term "extended coverage," and such other hazards as Lender may require and in such amounts and for such periods as Lender may require.

The insurance carrier providing the insurance shall be chosen by Borrower subject to approval by Lender; provided, that such approval shall not be unreasonably withheld. All insurance policies and renewals thereof shall be in a form acceptable to Lender and shall include a standard mortgage clause in favor of and in a form acceptable to Lender. Lender shall have the right to hold the policies and renewals thereof, subject to the terms of any mortgage, deed of trust or other security agreement with a lien which has priority over this Mortgage.

In the event of loss, Borrower shall give prompt notice to the insurance carrier and Lender. Lender may make proof of loss if not made promptly by Borrower.

If the Property is abandoned by Borrower, or if Borrower fails to respond to Lender within 30 days from the date notice is mailed by Lender to Borrower that the insurance carrier offers to settle a claim for insurance benefits, Lender is authorized to collect and apply the insurance proceeds at Lender's option either to restoration or repair of the Property or to the sums secured by this Mortgage.

6. Preservation and Maintenance of Property; Leaseholds; Condominiums; Planned Unit Developments. Borrower shall keep the Property in good repair and shall not commit waste or permit impairment or deterioration of the Property and shall comply with the provisions of any lease if this Mortgage is on a leasehold. If this Mortgage is on a unit in a condominium or a planned unit development, Borrower shall perform all of Borrower's obligations under the declaration or covenants creating or governing the condominium or planned unit development, the by-laws and regulations of the condominium or planned unit development, and constituent documents.

7. Protection of Lender's Security. If Borrower fails to perform the covenants and agreements contained in this Mortgage, or if any action or proceeding is commenced which materially affects Lender's interest in the Property, then Lender, at Lender's option, upon notice to Borrower, may make such appearances, disburse such sums, including reasonable attorneys' fees, and take such action as is necessary to protect Lender's interest. If Lender required mortgage insurance as a condition of making the loan secured by

this Mortgage, Borrower shall pay the premiums required to maintain such insurance in effect until such time as the requirement for such insurance terminates in accordance with Borrower's and Lender's written agreement or applicable law.

Any amounts disbursed by Lender pursuant to this paragraph 7, with interest thereon, at the Note rate, shall become additional indebtedness of Borrower secured by this Mortgage. Unless Borrower and Lender agree to other terms of payment, such amounts shall be payable upon notice from Lender to Borrower requesting payment thereof. Nothing contained in this paragraph 7 shall require Lender to incur any expense or take any action hereunder.

8. Inspection. Lender may make or cause to be made reasonable entries upon and inspections of the Property, provided that Lender shall give Borrower notice prior to any such inspection specifying reasonable cause therefor related to Lender's interest in the Property.

9. Condemnation. The proceeds of any award or claim for damages, direct or consequential, in connection with any condemnation or other taking of the Property, or part thereof, or for conveyance in lieu of condemnation, are hereby assigned and shall be paid to Lender, subject to the terms of any mortgage, deed of trust or other security agreement with a lien which has priority over this Mortgage.

10. Borrower Not Released; Forbearance By Lender Not a Waiver. Extension of the time for payment or modification of amortization of the sums secured by this Mortgage granted by Lender to any successor in interest of Borrower shall not operate to release, in any manner, the liability of the original Borrower and Borrower's successors in interest. Lender shall not be required to commence proceedings against such successor or refuse to extend time for payment or otherwise modify amortization of the sums secured by this Mortgage by reason of any demand made by the original Borrower and Borrower's successors in interest. Any forbearance by Lender in exercising any right or remedy hereunder, or otherwise afforded by applicable law, shall not be a waiver of or preclude the exercise of any such right or remedy.

11. Successors and Assigns Bound; Joint and Several Liability; Co-signers. The covenants and agreements herein contained shall bind, and the rights hereunder shall inure to, the respective successors and assigns of Lender and Borrower, subject to the provisions of paragraph 16 hereof. All covenants and agreements of Borrower shall be joint and several. Any Borrower who co-signs this Mortgage, but does not execute the Note, (a) is co-signing this Mortgage only to mortgage, grant and convey that Borrower's interest in the Property to Lender under the terms of this Mortgage, (b) is not personally liable on the Note or under this Mortgage, and (c) agrees that Lender and any other Borrower hereunder may agree to extend, modify, forbear, or make any other accommodations with regard to the terms of this Mortgage or the Note without that Borrower's consent and without releasing that Borrower or modifying this Mortgage as to that Borrower's interest in the Property.

12. Notice. Except for any notice required under applicable law to be given in another manner, (a) any notice to Borrower provided for in this Mortgage shall be given by delivering it or by mailing such notice by first class mail addressed to Borrower at the Property Address or at such other address as Borrower may designate by notice to Lender as provided herein, and (b) any notice to Lender shall be given by first class mail to Lender's address stated herein or to such other address as Lender may designate by notice to Borrower as provided herein. Any notice provided for in this Mortgage shall be deemed to have been given to Borrower or Lender when given in the manner designated herein.

13. Governing Law; Severability. The state and local laws applicable to this Mortgage shall be the laws of the jurisdiction in which the Property is located. The foregoing sentence shall not limit the applicability of Federal law to this Mortgage. In the event that any provision or clause of this Mortgage or the Note conflicts with applicable law, such conflict shall not affect other provisions of this Mortgage or the Note which can be given effect without the conflicting provision, and to this end the provisions of this Mortgage and the Note are declared to be severable. As used herein, "costs," "expenses" and "attorneys' fees" include all sums to the extent not prohibited by applicable law or limited herein.

14. Borrower's Copy. Borrower shall be furnished a conformed copy of the Note and of this Mortgage at the time of execution or after recordation hereof.

15. Rehabilitation Loan Agreement. Borrower shall fulfill all of Borrower's obligations under any home rehabilitation, improvement, repair, or other loan agreement which Borrower enters into with Lender. Lender, at Lender's option, may require Borrower to execute and deliver to Lender, in a form acceptable to Lender, an assignment of any rights, claims or defenses which Borrower may have against parties who supply labor, materials or services in connection with improvements made to the Property.

16. Transfer of the Property or a Beneficial Interest in Borrower. If all or any part of the Property or any interest in it is sold or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by this Mortgage. However, this option shall not be exercised by Lender if exercise is prohibited by federal law as of the date of this Mortgage.

If Lender exercises this option, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than 30 days from the date the notice is delivered or mailed within which Borrower must pay all sums secured by this Mortgage. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by this Mortgage without further notice or demand on Borrower.

NON-UNIFORM COVENANTS. Borrower and Lender further covenant and agree as follows:

17. Acceleration; Remedies. Except as provided in paragraph 16 hereof, upon Borrower's breach of any covenant or agreement of Borrower in this Mortgage, including the covenants to pay when due any sums secured by this Mortgage, Lender prior to acceleration shall give notice to Borrower as provided in paragraph 12 hereof specifying: (1) the breach; (2) the action required to cure such breach; (3) a date, not less than 30 days from the date the notice is mailed to Borrower, by which such breach must be cured; and (4) that failure to cure such breach on or before the date specified in the notice may result in acceleration of the sums secured by this Mortgage, foreclosure by judicial proceeding, and sale of the Property. The notice shall further inform Borrower of the right to reinstate after acceleration and the right to assert in the foreclosure proceeding the nonexistence of a default or any other defense of Borrower to acceleration and foreclosure. If the breach is not cured on or before the date specified in the notice, Lender, at Lender's option, may declare all of the sums secured by this Mortgage to be immediately due and payable without further demand and may foreclose this Mortgage by judicial proceeding. Lender shall be entitled to collect in such proceeding all expenses of foreclosure, including, but not limited to, reasonable attorneys' fees, and costs of documentary evidence, abstracts and title reports, all of which shall be additional sums secured by this Mortgage.

18. Borrower's Right to Reinstate. Notwithstanding Lender's acceleration of the sums secured by this Mortgage due to Borrower's breach, Borrower shall have the right to have any proceedings begun by Lender to enforce this Mortgage discontinued at any time prior to entry of a judgment enforcing this Mortgage if: (a) Borrower pays Lender all sums which would be then due under this Mortgage and the Note had no acceleration occurred; (b) Borrower cures all breaches of any other covenants or agreements of Borrower contained in this Mortgage; (c) Borrower pays all reasonable expenses incurred by Lender in enforcing the covenants and agreements of Borrower contained in this Mortgage, and in enforcing Lender's remedies as provided in paragraph 17 hereof, including, but not limited to, reasonable attorneys' fees; and (d) Borrower takes such action as Lender may reasonably require to assure that the lien of this Mortgage, Lender's interest in the Property and Borrower's obligation to pay the sums secured by this Mortgage shall continue unimpaired. Upon such payment and cure by Borrower, this Mortgage and the obligations secured hereby shall remain in full force and effect as if no acceleration had occurred.

19. Assignment of Rents; Appointment of Receiver. As additional security hereunder, Borrower

hereby assigns to Lender the rents of the Property, provided that Borrower shall, prior to acceleration under paragraph 17 hereof or abandonment of the Property, have the right to collect and retain such rents as they become due and payable.

Upon acceleration under paragraph 17 hereof or abandonment of the Property, Lender shall be entitled to have a receiver appointed by a court to enter upon, take possession of and manage the Property and to collect the rents of the Property including those past due. All rents collected by the receiver shall be applied first to payment of the costs of management of the Property and collection of rents, including, but not limited to, receiver's fees, premiums on receiver's bonds and reasonable attorneys' fees, and then to the sums secured by this Mortgage. The receiver shall be liable to account only for those rents actually received.

20. Release. Upon payment of all sums secured by this Mortgage, this Mortgage shall become null and void, and Lender shall release this Mortgage without charge to Borrower. Borrower shall pay all costs of recordation, if any. Lender may charge Borrower a fee for releasing this Security Instrument, but only if the fee is paid to a third party for services rendered and the charging of the fee is permitted under Applicable Law.

21. Homestead Waiver. Borrower waives all rights of homestead exemption in the Property to the extent allowed by Applicable Law.

22. Waiver of Appraisal Rights. The laws of South Carolina provide that in any real estate foreclosure proceeding a defendant against whom a personal judgment is taken or asked may within 30 days after the sale of the mortgaged property apply to the court for an order of appraisal. The statutory appraisal value as approved by the court would be substituted for the high bid and may decrease the amount of any deficiency owing in connection with the transaction. TO THE EXTENT PERMITTED BY LAW, THE UNDERSIGNED HEREBY WAIVES AND RELINQUISHES THE STATUTORY APPRAISAL RIGHTS WHICH MEANS THE HIGH BID AT THE JUDICIAL FORECLOSURE SALE WILL BE APPLIED TO THE DEBT REGARDLESS OF ANY APPRAISED VALUE OF THE MORTGAGED PROPERTY. This waiver shall not apply so long as the Property is used as a dwelling place as defined in § 12-37-250 of the South Carolina Code of Laws.

23. Future Advances. The lien of this Security Instrument shall secure the existing indebtedness under the Note and any future advances made under this Security Instrument up to 150% of the original principal amount of the Note plus interest thereon, attorneys' fees and court costs.

The Following Rider(s) are to be executed by Borrower and are attached hereto and made a part thereof [check box as applicable]:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adjustable Rate Rider | <input type="checkbox"/> Condominium Rider | <input type="checkbox"/> Second Home Rider |
| <input type="checkbox"/> Balloon Rider | <input checked="" type="checkbox"/> Planned Unit Development Rider | <input type="checkbox"/> Biweekly Payment Rider |
| <input type="checkbox"/> 1-4 Family Rider | <input type="checkbox"/> Other(s) [specify] | |

**REQUEST FOR NOTICE OF DEFAULT
AND FORECLOSURE UNDER SUPERIOR
MORTGAGES OR DEEDS OF TRUST**

Borrower and Lender request the holder of any mortgage, deed of trust or other encumbrance with a lien which has priority over this Mortgage to give Notice to Lender, at Lender's address set forth on page one of this Mortgage, of any default under the superior encumbrance and of any sale or other foreclosure action.

IN WITNESS WHEREOF, Borrower has executed this Mortgage.

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -

Signed, sealed and delivered in the presence of:

Witness

Witness

State of **SOUTH CAROLINA**

County of **CHARLESTON**

The foregoing instrument was acknowledged before me this _____ day of _____ by
LISA FRANCES DOLAN, DAVID KEITH DOLAN.

Notary Public

My Commission Expires: _____

CHARLESTON County, South Carolina

I certify that _____ personally appeared before me this day and certified to me under oath or by affirmation that he or she is not a grantee or beneficiary of the transaction, signed the foregoing document as a subscribing witness, and witnessed **LISA FRANCES DOLAN, DAVID KEITH DOLAN** sign the foregoing document.

Date: _____

Printed Name
Notary Public

My Commission Expires: _____

CHARLESTON County, South Carolina

I certify that _____ personally appeared before me this day and certified to me under oath or by affirmation that he or she is not a grantee or beneficiary of the transaction, signed the foregoing document as a subscribing witness, and witnessed **LISA FRANCES DOLAN, DAVID KEITH DOLAN** sign the foregoing document.

Date: _____

Printed Name
Notary Public

My Commission Expires: _____

Individual Loan Originator: **CASSANDRA NICOLE CHASE**, NMLSR ID: **1918034**
Loan Originator Organization: **GOODLEAP, LLC**, NMLSR ID: **30336**

SPRING EQ, LLC (NMLS #: **1464945**) | **GOODLEAP, LLC** (NMLS #: **30336**) | **CASSANDRA NICOLE CHASE** (NMLS #: **30336**)

SOUTH CAROLINA- SECOND MORTGAGE - 03/18

PLANNED UNIT DEVELOPMENT RIDER

DOLAN
Loan #: **3000239882**
MIN: **101369830002398825**

THIS PLANNED UNIT DEVELOPMENT RIDER is made this **28TH** day of **MAY, 2025**, and is incorporated into and shall be deemed to amend and supplement the Mortgage, Deed of Trust, or Security Deed (the "Security Instrument") of the same date, given by the undersigned (the "Borrower") to secure Borrower's Note to **SPRING EQ, LLC** (the "Lender") of the same date and covering the Property described in the Security Instrument and located at: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

The Property includes, but is not limited to, a parcel of land improved with a dwelling, together with other such parcels and certain common areas and facilities, as described in THE COVENANTS, CONDITIONS AND RESTRICTIONS FILED OF RECORD THAT AFFECT THE PROPERTY. (the "Declaration"). The Property is a part of a planned unit development known as **COTTON CREEK AT PLANTERS POINTE** (the "PUD"). The Property also includes Borrower's interest in the homeowners association or equivalent entity owning or managing the common areas and facilities of the PUD (the "Owners Association") and the uses, benefits and proceeds of Borrower's interest.

PUD COVENANTS. In addition to the covenants and agreements made in the Security Instrument, Borrower and Lender further covenant and agree as follows:

A. PUD Obligations. Borrower shall perform all of Borrower's obligations under the PUD's Constituent Documents. The "Constituent Documents" are the (i) Declaration; (ii) articles of incorporation, trust instrument or any equivalent document which creates the Owners Association; and (iii) any by-laws or other rules or regulations of the Owners

SPRING EQ, LLC (NMLS #: 1464945) | **GOODLEAP, LLC** (NMLS #: 30336) | **CASSANDRA NICOLE CHASE** (NMLS #: 30336)

MULTISTATE PUD RIDER--Single Family/Second Mortgage--Fannie Mae/Freddie Mac UNIFORM INSTRUMENT

EX 2483.18

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Amended

Association. Borrower shall promptly pay, when due, all dues and assessments imposed pursuant to the Constituent Documents.

B. Property Insurance. So long as the Owners Association maintains, with a generally accepted insurance carrier, a "master" or "blanket" policy insuring the Property which is satisfactory to Lender and which provides insurance coverage in the amounts (including deductible levels), for the periods, and against loss by fire, hazards included within the term "extended coverage," and any other hazards, including, but not limited to, earthquakes and floods, for which Lender requires insurance, then Borrower's obligation under Uniform Covenant 5 to maintain property insurance coverage on the Property is deemed satisfied to the extent that the required coverage is provided by the Owners Association policy.

What Lender requires as a condition of this waiver can change during the term of the loan.

Borrower shall give Lender prompt notice of any lapse in required property insurance coverage provided by the master or blanket policy.

In the event of a distribution of property insurance proceeds in lieu of restoration or repair following a loss to the Property, or to common areas and facilities of the PUD, any proceeds payable to Borrower are hereby assigned and shall be paid to Lender. Lender shall apply the proceeds to the sums secured by the Security Instrument, whether or not then due, with the excess, if any, paid to Borrower.

C. Public Liability Insurance. Borrower shall take such actions as may be reasonable to insure that the Owners Association maintains a public liability insurance policy acceptable in form, amount, and extent of coverage to Lender.

D. Condemnation. The proceeds of any award or claim for damages, direct or consequential, payable to Borrower in connection with any condemnation or other taking of all or any part of the Property or the common areas and facilities of the PUD, or for any conveyance in lieu of condemnation, are hereby assigned and shall be paid to Lender. Such proceeds shall be applied by Lender to the sums secured by the Security Instrument as provided in Uniform Covenant 9.

E. Lender's Prior Consent. Borrower shall not, except after notice to Lender and with Lender's prior written consent, either partition or subdivide the Property or consent to: (i) the abandonment or termination of the PUD, except for abandonment or termination required by law in the case of substantial destruction by fire or other casualty or in the case of a taking by condemnation or eminent domain; (ii) any amendment to any provision of the "Constituent Documents" if the provision is for the express benefit of Lender; (iii) termination of professional management and assumption of self-management of the Owners Association; or (iv) any action which would have the effect of rendering the public liability insurance coverage maintained by the Owners Association unacceptable to Lender.

F. Remedies. If Borrower does not pay PUD dues and assessments when due, then Lender may pay them. Any amounts disbursed by Lender under this paragraph F shall become additional debt of Borrower secured by the Security Instrument. Unless Borrower

SPRING EQ, LLC (NMLS #: 1464945) | GOODLEAP, LLC (NMLS #: 30336) | CASSANDRA NICOLE CHASE (NMLS #: 30336)

MULTISTATE PUD RIDER--Single Family/Second Mortgage--Fannie Mae/Freddie Mac UNIFORM INSTRUMENT

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Amended

3000239882

and Lender agree to other terms of payment, these amounts shall bear interest from the date of disbursement at the Note rate and shall be payable, with interest, upon notice from Lender to Borrower requesting payment.

BY SIGNING BELOW, Borrower accepts and agrees to the terms and provisions contained in this PUD Rider.

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -

SPRING EQ, LLC (NMLS #: 1464945) | GOODLEAP, LLC (NMLS #: 30336) | CASSANDRA NICOLE CHASE (NMLS #: 30336)

MULTISTATE PUD RIDER--Single Family/Second Mortgage--Fannie Mae/Freddie Mac UNIFORM INSTRUMENT

2483.18

Form 3150 1/01 (page 3 of 3 pages)
Amended

Uniform Residential Loan Application

Verify and complete the information on this application. If you are applying for this loan with others, each additional Borrower must provide information as directed by your Lender.

Section 1: Borrower Information. This section asks about your personal information and your income from employment and other sources, such as retirement, that you want considered to qualify for this loan.

1a. Personal Information

Name (First, Middle, Last, Suffix)
LISA FRANCES DOLAN

Alternate Names - List any names by which you are known or any names under which credit was previously received (First, Middle, Last, Suffix)
LISA F MCNEIL
LISA F BERTOLACCINI
LISA F DOLAN
LISA MCNEIL
LISA F MCNEIL
LISA DOLAN
LISA FRANCES DOLAN

Social Security Number 011-56-9644
(or Individual Taxpayer Identification Number)

Date of Birth
(mm/dd/yyyy)
01/08/1969

Citizenship
 U.S. Citizen
 Permanent Resident Alien
 Non-Permanent Resident Alien

Type of Credit

I am applying for individual credit.

I am applying for joint credit. Total Number of Borrowers: 2

List Name(s) of Other Borrower(s) Applying for this Loan
(First, Middle, Last, Suffix) - Use a separator between names
DAVID KEITH DOLAN

Each Borrower intends to apply for joint credit. Your initials: _____

Marital Status

Married
 Separated
 Unmarried

Dependents (not listed by another Borrower)

Number 0

Ages _____

Contact Information

Home Phone (617) 529-1023

Cell Phone (617) 529-1023

Work Phone (843) 212-8065 Ext. _____

Email DOLAND@MUSC.EDU

(Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship)

Current Address

Street 3359 CROWELL LN Unit # _____

City MOUNT PLEASANT State SC ZIP 29466-7618 Country US

How Long at Current Address? 3 Years 2 Months Housing No primary housing expense Own Rent (\$ _____ /month)

If at Current Address for LESS than 2 years, list Former Address Does not apply

Mailing Address - if different from Current Address Does not apply

1b. Current Employment/Self-Employment and Income

Does not apply

Employer or Business Name ROPER ST. FRANCIS HEALTHCARE Phone (843) 212-8065

Street 8536 PALMETTO COMMERCE PKWY Unit # _____

City LADSON State SC ZIP 29456 Country _____

Position or Title RN

Check if this statement applies:

I am employed by a family member, property seller, real estate agent, or other party to the transaction.

Start Date 11/02/2015 (mm/dd/yyyy)

How long in this line of work? 9 Years 8 Months

Check if you are the Business Owner or Self-Employed I have an ownership share of less than 25%. I have an ownership share of 25% or more. Monthly Income (or Loss) \$ _____

Gross Monthly Income

Base \$ 6,865.73 /month

Overtime \$ _____ /month

Bonus \$ _____ /month

Commission \$ _____ /month

Military Entitlements \$ _____ /month

Other \$ _____ /month

TOTAL \$ 6,865.73 /month

1c. IF APPLICABLE, Complete Information for Additional Employment/Self-Employment and Income

Does not apply

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

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1d. IF APPLICABLE, Complete Information for Previous Employment/Self-Employment and Income **Does not apply**

Provide at least 2 years of current and previous employment and income.

1e. Income from Other Sources **Does not apply**

Include income from other sources below. Under Income Source, choose from the sources listed here:

- | | | | | | |
|------------------------|------------------------|----------------------------------|-----------------------------------|------------------------|-------------------------|
| • Alimony | • Child Support | • Interest and Dividends | • Notes Receivable | • Royalty Payments | • Unemployment Benefits |
| • Automobile Allowance | • Disability | • Mortgage Credit Certificate | • Public Assistance | • Separate Maintenance | • VA Compensation |
| • Boarder Income | • Foster Care | • Mortgage Differential Payments | • Retirement (e.g., Pension, IRA) | • Social Security | • Other |
| • Capital Gains | • Housing or Parsonage | | | • Trust | |

NOTE: Reveal alimony, child support, separate maintenance, or other income ONLY IF you want it considered in determining your qualification for this loan.

Section 2: Financial Information - Assets and Liabilities. This section asks about things you own that are worth money and that you want considered to qualify for this loan. It then asks about your liabilities (or debts) that you pay each month, such as credit cards, alimony, or other expenses.**2a. Assets - Bank Accounts, Retirement, and Other Accounts You Have**

Include all accounts below. Under Account Type, choose from the types listed here:

- | | | | | |
|----------------|--------------------------|--------------------------------|----------------------------------|---|
| • Checking | • Certificate of Deposit | • Stock Options | • Bridge Loan Proceeds | • Trust Account |
| • Savings | • Mutual Fund | • Bonds | • Individual Development Account | • Cash Value of Life Insurance (used for the transaction) |
| • Money Market | • Stocks | • Retirement (e.g., 401k, IRA) | | |

Account Type - use list above	Financial Institution	Account Number	Cash or Market Value
			\$
Provide TOTAL Amount Here			\$

2b. Other Assets and Credits You Have **Does not apply**

Include all other assets and credits below. Under Asset or Credit Type, choose from the types listed here:

- | | | | |
|--|---|----------------------------|--------------------|
| Assets | | Credits | |
| • Proceeds from Real Estate Property to be sold on or before closing | • Proceeds from Sale of Non-Real Estate Asset | • Unsecured Borrowed Funds | • Relocation Funds |
| | • Secured Borrowed Funds | • Other | • Rent Credit |
| | | | • Sweat Equity |
| | | | • Trade Equity |

2c. Liabilities - Credit Cards, Other Debts, and Leases that You Owe **Does not apply**

List all liabilities below (except real estate) and include deferred payments. Under Account Type, choose from the types listed here:

- Revolving (e.g., credit cards)
- Installment (e.g., car, student, personal loans)
- Open 30-Day (balance paid monthly)
- Lease (not real estate)
- Other

Account Type - use list above	Company Name	Account Number	To be paid off at or before closing	Monthly Payment
Other	MOSAIC (J)	279221	\$ 51,686.00	<input type="checkbox"/> \$ 239.00
Other	BEST EGG (J)	45897034	\$ 20,116.00	<input type="checkbox"/> \$ 426.00
Revolving	DISCOVER BANK (J)	601149946327	\$ 16,032.00	<input type="checkbox"/> \$ 321.00
Other	ONEMAIN (J)	8231548009438249	\$ 9,384.00	<input type="checkbox"/> \$ 311.00
Other	GOODLEAP LLC (J)	2409207127	\$ 3,793.00	<input type="checkbox"/> \$ 94.00
Other	MOHELA/NAVIENT (J)	93595566571001120041 119230414	\$ 3,264.00	<input type="checkbox"/> \$ 50.00
Revolving	TD BANK NA (J)	4839504826088940	\$ 2,903.00	<input type="checkbox"/> \$ 54.00
Revolving	FB&T/MERCURY (J)	0087919205	\$ 2,441.00	<input type="checkbox"/> \$ 123.00
Revolving	THD/CBNA (J)	6035321003201288	\$ 2,236.00	<input type="checkbox"/> \$ 29.00
Revolving	CREDIT ONE BANK NA (J)	4707930523890024	\$ 1,507.00	<input type="checkbox"/> \$ 53.00
Revolving	SYNCB/LOWES (J)	798192441302	\$ 1,004.00	<input type="checkbox"/> \$ 51.00
Revolving	OPENSKY CBNK (J)	4621922003072093	\$ 556.00	<input type="checkbox"/> \$ 37.00

2d. Other Liabilities and Expenses **Does not apply**

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

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Include all other liabilities and expenses below. Choose from the types listed here:

- Alimony
- Child Support
- Separate Maintenance
- Job Related Expenses
- Other

Section 3: Financial Information - Real Estate. This section asks you to list all properties you currently own and what you owe on them. *I do not own any real estate*

3a. Property You Own If you are refinancing, list the property you are refinancing FIRST.

Address	Street	3359 CROWELL LN	Unit #		
City	MOUNT PLEASANT	State	SC	ZIP 29466-7618	Country US
Property Value	Status: Sold, Pending Sale, or Retained	Intended Occupancy: Investment, Primary Residence, Second Home, Other	Monthly Insurance, Taxes, Association Dues, etc. <i>if not included in Monthly Mortgage Payment</i>	For 2-4 Unit Primary or Investment Property	
		Primary Residence	\$91.66	Monthly Rental Income	For LENDER to calculate: Net Monthly Rental Income
\$599,000.00	Retained			\$	\$

Mortgage Loans on this Property *Does not apply*

Creditor Name	Account Number	Monthly Mortgage Payment	Unpaid Balance	To be paid off at or before closing	Type: FHA, VA, Conventional, USDA-RD, Other	Credit Limit (if applicable)
LOANCARE (J)	6230060634912	\$1,951.00	\$317,737.00	<input type="checkbox"/>	FHA	\$
NR/SMS/CAL (J)	691924401	(\$681.00)	\$74,220.93	<input checked="" type="checkbox"/>	Other	\$

Section 4: Loan and Property Information. This section asks about the loan's purpose and the property you want to purchase or refinance.

4a. Loan and Property Information

Loan Amount \$ 171,000.00	Loan Purpose	<input type="radio"/> Purchase	<input type="radio"/> Refinance	<input checked="" type="radio"/> Other (specify) SUBORDINATE LIEN
Property Address Street 3359 CROWELL LN	Unit #			
City MOUNT PLEASANT	State SC	ZIP 29466-7618	County CHARLESTON	
Number of Units 1	Property Value \$ 575,000.00			
Occupancy <input checked="" type="radio"/> Primary Residence	<input type="radio"/> Second Home	<input type="radio"/> Investment Property	FHA Secondary Residence <input type="checkbox"/>	
1. Mixed-Use Property. If you will occupy the property, will you set aside space within the property to operate your own business? (e.g., daycare facility, medical office, beauty/barber shop) <input checked="" type="radio"/> NO <input type="radio"/> YES				
2. Manufactured Home. Is the property a manufactured home? (e.g., a factory built dwelling built on a permanent chassis) <input checked="" type="radio"/> NO <input type="radio"/> YES				

4b. Other New Mortgage Loans on the Property You are Buying or Refinancing

Does not apply

4c. Rental Income on the Property You Want to Purchase

For Purchase Only *Does not apply*

4d. Gifts or Grants You Have Been Given or Will Receive for this Loan

Does not apply

Include all gifts and grants below. Under Source, choose from the sources listed here:

- | | | | | |
|-----------------------|------------------|-----------------------|---------------------|----------|
| • Community Nonprofit | • Federal Agency | • Relative | • State Agency | • Lender |
| • Employer | • Local Agency | • Religious Nonprofit | • Unmarried Partner | • Other |

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

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Section 5: Declarations. This section asks you specific questions about the property, your funding, and your past financial history.

5a. About this Property and Your Money for this Loan

A. Will you occupy the property as your primary residence? If YES, have you had an ownership interest in another property in the last three years? If YES, complete (1) and (2) below: (1) What type of property did you own: primary residence (PR), FHA secondary residence (SR), second home (SH), or investment property (IP)? (2) How did you hold title to the property: by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?	<input type="radio"/> NO <input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES _____
B. If this is a Purchase Transaction: Do you have a family relationship or business affiliation with the seller of the property?	<input checked="" type="radio"/> NO <input type="radio"/> YES
C. Are you borrowing any money for this real estate transaction (<i>e.g., money for your closing costs or down payment</i>) or obtaining any money from another party, such as the seller or realtor, that you have not disclosed on this loan application? If YES, what is the amount of this money?	<input checked="" type="radio"/> NO <input type="radio"/> YES \$ _____
D. 1. Have you or will you be applying for a mortgage loan on another property (not the property securing this loan) on or before closing this transaction that is not disclosed on this loan application? 2. Have you or will you be applying for any new credit (<i>e.g., installment loan, credit card, etc.</i>) on or before closing this loan that is not disclosed on this application?	<input checked="" type="radio"/> NO <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES
E. Will this property be subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid through your property taxes (<i>e.g., the Property Assessed Clean Energy Program</i>)?	<input checked="" type="radio"/> NO <input type="radio"/> YES

5b. About Your Finances

F. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?	<input checked="" type="radio"/> NO <input type="radio"/> YES
G. Are there any outstanding judgments against you?	<input checked="" type="radio"/> NO <input type="radio"/> YES
H. Are you currently delinquent or in default on a Federal debt?	<input checked="" type="radio"/> NO <input type="radio"/> YES
I. Are you a party to a lawsuit in which you potentially have any personal financial liability?	<input checked="" type="radio"/> NO <input type="radio"/> YES
J. Have you conveyed title to any property in lieu of foreclosure in the past 7 years?	<input checked="" type="radio"/> NO <input type="radio"/> YES
K. Within the past 7 years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?	<input checked="" type="radio"/> NO <input type="radio"/> YES
L. Have you had property foreclosed upon in the last 7 years?	<input checked="" type="radio"/> NO <input type="radio"/> YES
M. Have you declared bankruptcy within the past 7 years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input checked="" type="radio"/> NO <input type="radio"/> YES

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

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Section 6: Acknowledgments and Agreements.

This section tells you about your legal obligations when you sign this application.

Acknowledgments and Agreements

Definitions:

- "Lender" includes the Lender's agents, service providers, and any of their successors and assigns.
- "Other Loan Participants" includes (i) any actual or potential owners of a loan resulting from this application (the "Loan"), (ii) acquirers of any beneficial or other interest in the Loan, (iii) any mortgage insurer, (iv) any guarantor, (v) any servicer of the Loan, and (vi) any of these parties' service providers, successors or assigns.

I agree to, acknowledge, and represent the following:

(1) The Complete Information for this Application

- The information I have provided in this application is true, accurate, and complete as of the date I signed this application.
- If the information I submitted changes or I have new information before closing of the Loan, I must change and supplement this application, including providing any updated/supplemented real estate sales contract.
- For purchase transactions: The terms and conditions of any real estate sales contract signed by me in connection with this application are true, accurate, and complete to the best of my knowledge and belief. I have not entered into any other agreement, written or oral, in connection with this real estate transaction.
- The Lender and Other Loan Participants may rely on the information contained in the application before and after closing of the Loan.
- Any intentional or negligent misrepresentation of information may result in the imposition of:
 - (a) civil liability on me, including monetary damages, if a person suffers any loss because the person relied on any misrepresentation that I have made on this application, and/or
 - (b) criminal penalties on me including, but not limited to, fine or imprisonment or both under the provisions of Federal law (18 U.S.C. §§ 1001 et seq.).

(2) The Property's Security

The Loan I have applied for in this application will be secured by a mortgage or deed of trust which provides the Lender a security interest in the property described in this application.

(3) The Property's Appraisal, Value, and Condition

- Any appraisal or value of the property obtained by the Lender is for use by the Lender and Other Loan Participants.
- The Lender and Other Loan Participants have not made any representation or warranty, express or implied, to me about the property, its condition, or its value.

(4) Electronic Records and Signatures

- The Lender and Other Loan Participants may keep any paper record and/or electronic record of this application, whether or not the Loan is approved.

- If this application is created as (or converted into) an "electronic application", I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable Federal and/or state electronic transactions laws.
- I intend to sign and have signed this application either using my:
 - (a) electronic signature; or
 - (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.
- I agree that the application, if delivered or transmitted to the Lender or Other Loan Participants as an electronic record with my electronic signature, will be as effective and enforceable as a paper application signed by me in writing.

(5) Delinquency

- The Lender and Other Loan Participants may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report and will likely affect my credit score.
- If I have trouble making my payments I understand that I may contact a HUD-approved housing counseling organization for advice about actions I can take to meet my mortgage obligations.

(6) Authorization for Use and Sharing of Information

By signing below, in addition to the representations and agreements made above, I expressly authorize the Lender and Other Loan Participants to obtain, use, and share with each other (i) the loan application and related loan information and documentation, (ii) a consumer credit report on me, and (iii) my tax return information, as necessary to perform the actions listed below, for so long as they have an interest in my loan or its servicing:

- (a) process and underwrite my loan;
- (b) verify any data contained in my consumer credit report, my loan application and other information supporting my loan application;
- (c) inform credit and investment decisions by the Lender and Other Loan Participants;
- (d) perform audit, quality control, and legal compliance analysis and reviews;
- (e) perform analysis and modeling for risk assessments;
- (f) monitor the account for this loan for potential delinquencies and determine any assistance that may be available to me; and
- (g) other actions permissible under applicable law.

Borrower Signature _____

Date (mm/dd/yyyy) _____

Additional Borrower Signature _____

Date (mm/dd/yyyy) _____

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application

Freddie Mac Form 65 • Fannie Mae Form 1003

Effective 1/2021

Section 7: Military Service.

This section asks questions about your (or your deceased spouse's) military service.

Military Service of Borrower

Military Service - Did you (or your deceased spouse) ever serve, or are you currently serving, in the United States Armed Forces? NO YES

If YES, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour _____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Section 8: Demographic Information.

This section asks about your ethnicity, sex, and race.

Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Ethnicity: Check one or more

- Hispanic or Latino
 - Mexican
 - Puerto Rican
 - Cuban
- Other Hispanic or Latino - Print origin: _____

For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino

- I do not wish to provide this information

Sex

- Female
- Male
- I do not wish to provide this information

Race: Check one or more

- American Indian or Alaska Native - Print name of enrolled or principal tribe: _____
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian - Print race: _____

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander - Print race: _____

For example: Fijian, Tongan, and so on.

- White
- I do not wish to provide this information

To Be Completed by Financial Institution (for application taken in person):

Was the ethnicity of the Borrower collected on the basis of visual observation or surname? NO YES

Was the sex of the Borrower collected on the basis of visual observation or surname? NO YES

Was the race of the Borrower collected on the basis of visual observation or surname? NO YES

The Demographic Information was provided through:

- Face-to-Face Interview (includes Electronic Media w/ Video Component)
- Telephone Interview
- Fax or Mail
- Email or Internet

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application

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Effective 1/2021

Section 9: Loan Originator Information. To be completed by your **Loan Originator**.**Loan Originator Information**Loan Originator Organization Name GOODLEAP, LLCAddress 8781 SIERRA COLLEGE BLVD ROSEVILLE CA 95661Loan Originator Organization NMLSR ID# 30336State License ID# MLS - 30336Loan Originator Name CASSANDRA NICOLE CHASELoan Originator NMLSR ID# 1918034State License ID# MLO - 1918034Email CCHASE@GOODLEAP.COMPhone (949) 359-7906

Signature _____

Date (mm/dd/yyyy) 04/21/2025

Borrower Name: LISA FRANCES DOLANAdditional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application

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Effective 1/2021

To be completed by the Lender:

Lender Loan No./Universal Loan Identifier 3000239882 / 549300PIL8LFAQ04XC20300023988230

Agency Case No. _____

Uniform Residential Loan Application - Additional Borrower

Verify and complete the information on this application as directed by your Lender.

Section 1: Borrower Information. This section asks about your personal information and your income from employment and other sources, such as retirement, that you want considered to qualify for this loan.

1a. Personal Information

Name (First, Middle, Last, Suffix)
DAVID KEITH DOLAN

Alternate Names - List any names by which you are known or any names under which credit was previously received (First, Middle, Last, Suffix)
DAVID K DOLAN
DAVID KEITH DOLAN
DAVID DOLAN

Social Security Number 032-60-4173
(or Individual Taxpayer Identification Number)

Date of Birth
(mm/dd/yyyy)
01/02/1969

Citizenship
 U.S. Citizen
 Permanent Resident Alien
 Non-Permanent Resident Alien

Type of Credit

I am applying for individual credit.

I am applying for joint credit. Total Number of Borrowers: 2

Each Borrower intends to apply for joint credit. Your initials: _____

List Name(s) of Other Borrower(s) Applying for this Loan
(First, Middle, Last, Suffix) - Use a separator between names
LISA FRANCES DOLAN

Marital Status

Married
 Separated
 Unmarried

(Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship)

Dependents (not listed by another Borrower)

Number 0
Ages _____

Contact Information

Home Phone (617) 529-1023

Cell Phone (617) 529-1023

Work Phone (843) 792-0819 Ext. _____

Email DOLAND@MUSC.EDU

Current Address

Street 3359 CROWELL LN Unit # _____

City MOUNT PLEASANT State SC ZIP 29466-7618 Country US

How Long at Current Address? 3 Years 2 Months Housing No primary housing expense Own Rent (\$ _____ /month)

If at Current Address for LESS than 2 years, list Former Address Does not apply

Mailing Address - if different from Current Address Does not apply

1b. Current Employment/Self-Employment and Income

Does not apply

Employer or Business Name MEDICAL UNIVERSITY HOSPITAL Phone (843) 792-0819

Street 171 ASHLEY AVE Unit # _____

City CHARLESTON State SC ZIP 29425 Country _____

Position or Title ASSOCIATE DIRECTOR OF SUP

Check if this statement applies:

Start Date 07/12/2015 (mm/dd/yyyy)

I am employed by a family member, property seller, real estate agent, or other party to the transaction.

How long in this line of work? 38 Years _____ Months

Check if you are the Business Owner or Self-Employed I have an ownership share of less than 25%. I have an ownership share of 25% or more. Monthly Income (or Loss) \$ _____

Gross Monthly Income

Base \$ 14,086.26 /month

Overtime \$ _____ /month

Bonus \$ _____ /month

Commission \$ _____ /month

Military Entitlements \$ _____ /month

Other \$ _____ /month

TOTAL \$ 14,086.26 /month

1c. IF APPLICABLE, Complete Information for Additional Employment/Self-Employment and Income

Does not apply

1d. IF APPLICABLE, Complete Information for Previous Employment/Self-Employment and Income

Does not apply

Provide at least 2 years of current and previous employment and income.

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application - Additional Borrower

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1e. Income from Other Sources **Does not apply****Include income from other sources below. Under Income Source, choose from the sources listed here:**

- Alimony
- Automobile Allowance
- Boarder Income
- Capital Gains
- Child Support
- Disability
- Foster Care
- Housing or Parsonage
- Interest and Dividends
- Mortgage Credit Certificate
- Mortgage Differential Payments
- Notes Receivable
- Public Assistance
- Retirement (e.g., Pension, IRA)
- Royalty Payments
- Separate Maintenance
- Social Security
- Trust
- Unemployment Benefits
- VA Compensation
- Other

NOTE: Reveal alimony, child support, separate maintenance, or other income ONLY IF you want it considered in determining your qualification for this loan.**Section 2: Financial Information - Assets and Liabilities.**My information for Section 2 is listed on the Uniform Residential Loan Application with LISA FRANCES DOLAN

(insert name of Borrower)

Section 3: Financial Information - Real Estate.My information for Section 3 is listed on the Uniform Residential Loan Application with LISA FRANCES DOLAN

(insert name of Borrower)

Section 4: Loan and Property Information.My information for Section 4 is listed on the Uniform Residential Loan Application with LISA FRANCES DOLAN

(insert name of Borrower)

Borrower Name: LISA FRANCES DOLAN**Additional Borrower Name:** DAVID KEITH DOLAN

Uniform Residential Loan Application - Additional Borrower

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Section 5: Declarations.

This section asks you specific questions about the property, your funding, and your past financial history.

5a. About this Property and Your Money for this Loan

A. Will you occupy the property as your primary residence? If YES, have you had an ownership interest in another property in the last three years? If YES, complete (1) and (2) below: (1) What type of property did you own: primary residence (PR), FHA secondary residence (SR), second home (SH), or investment property (IP)? (2) How did you hold title to the property: by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?	<input type="radio"/> NO <input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES _____
B. If this is a Purchase Transaction: Do you have a family relationship or business affiliation with the seller of the property?	<input checked="" type="radio"/> NO <input type="radio"/> YES
C. Are you borrowing any money for this real estate transaction (<i>e.g., money for your closing costs or down payment</i>) or obtaining any money from another party, such as the seller or realtor, that you have not disclosed on this loan application? If YES, what is the amount of this money?	<input checked="" type="radio"/> NO <input type="radio"/> YES \$ _____
D. 1. Have you or will you be applying for a mortgage loan on another property (not the property securing this loan) on or before closing this transaction that is not disclosed on this loan application? 2. Have you or will you be applying for any new credit (<i>e.g., installment loan, credit card, etc.</i>) on or before closing this loan that is not disclosed on this application?	<input checked="" type="radio"/> NO <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES
E. Will this property be subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid through your property taxes (<i>e.g., the Property Assessed Clean Energy Program</i>)?	<input checked="" type="radio"/> NO <input type="radio"/> YES

5b. About Your Finances

F. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?	<input checked="" type="radio"/> NO <input type="radio"/> YES
G. Are there any outstanding judgments against you?	<input checked="" type="radio"/> NO <input type="radio"/> YES
H. Are you currently delinquent or in default on a Federal debt?	<input checked="" type="radio"/> NO <input type="radio"/> YES
I. Are you a party to a lawsuit in which you potentially have any personal financial liability?	<input checked="" type="radio"/> NO <input type="radio"/> YES
J. Have you conveyed title to any property in lieu of foreclosure in the past 7 years?	<input checked="" type="radio"/> NO <input type="radio"/> YES
K. Within the past 7 years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?	<input checked="" type="radio"/> NO <input type="radio"/> YES
L. Have you had property foreclosed upon in the last 7 years?	<input checked="" type="radio"/> NO <input type="radio"/> YES
M. Have you declared bankruptcy within the past 7 years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input checked="" type="radio"/> NO <input type="radio"/> YES

Section 6: Acknowledgments and Agreements.

My signature for Section 6 is on the Uniform Residential Loan Application with LISA FRANCES DOLAN

(insert name of Borrower)

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application - Additional Borrower

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Effective 1/2021

Section 7: Military Service.

This section asks questions about your (or your deceased spouse's) military service.

Military Service of Borrower

Military Service - Did you (or your deceased spouse) ever serve, or are you currently serving, in the United States Armed Forces? NO YES

- If YES, check all that apply:
- Currently serving on active duty with projected expiration date of service/tour _____ (mm/dd/yyyy)
 - Currently retired, discharged, or separated from service
 - Only period of service was as a non-activated member of the Reserve or National Guard
 - Surviving spouse

Section 8: Demographic Information.

This section asks about your ethnicity, sex, and race.

Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Ethnicity: Check one or more

- Hispanic or Latino
 - Mexican
 - Puerto Rican
 - Cuban
- Other Hispanic or Latino - Print origin: _____

For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino

- I do not wish to provide this information

Sex

- Female
- Male
- I do not wish to provide this information

Race: Check one or more

- American Indian or Alaska Native - Print name of enrolled or principal tribe: _____
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian - Print race: _____

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander - Print race: _____

For example: Fijian, Tongan, and so on.

- White
- I do not wish to provide this information

To Be Completed by Financial Institution (for application taken in person):

Was the ethnicity of the Borrower collected on the basis of visual observation or surname? NO YES

Was the sex of the Borrower collected on the basis of visual observation or surname? NO YES

Was the race of the Borrower collected on the basis of visual observation or surname? NO YES

The Demographic Information was provided through:

- Face-to-Face Interview (includes Electronic Media w/ Video Component)
- Telephone Interview
- Fax or Mail
- Email or Internet

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application - Additional Borrower

Freddie Mac Form 65 • Fannie Mae Form 1003

Effective 1/2021

Section 9: Loan Originator Information. To be completed by your **Loan Originator**.**Loan Originator Information**

Loan Originator Organization Name GOODLEAP, LLC
Address 8781 SIERRA COLLEGE BLVD ROSEVILLE CA 95661
Loan Originator Organization NMLSR ID# 30336 State License ID# MLS - 30336
Loan Originator Name CASSANDRA NICOLE CHASE
Loan Originator NMLSR ID# 1918034 State License ID# MLO - 1918034
Email CCHASE@GOODLEAP.COM Phone (949) 359-7906

Signature _____ Date (mm/dd/yyyy) 04/21/2025

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application - Additional Borrower

Freddie Mac Form 65 • Fannie Mae Form 1003

Effective 1/2021

To be completed by the Lender:

Lender Loan No./Universal Loan Identifier 3000239882 / 549300PIL8LFAQ04XC20300023988230

Agency Case No. _____

Uniform Residential Loan Application - Lender Loan Information

This section is completed by your Lender.

L1. Property and Loan Information**Community Property State**

- At least one borrower lives in a community property state.
 The property is in a community property state.

Transaction Detail

- Conversion of Contract for Deed or Land Contract
 Renovation
 Construction-Conversion/Construction-to-Permanent
 Single-Closing Two-Closing

Construction/Improvement Costs \$ _____
 Lot Acquired Date _____ (mm/dd/yyyy)
 Original Cost of Lot \$ _____

Refinance Type

- No Cash Out
 Limited Cash Out
 Cash Out

Refinance Program

- Full Documentation
 Interest Rate Reduction
 Streamlined without Appraisal
 Other _____

Energy Improvement

- Mortgage loan will finance energy-related improvements.
 Property is currently subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid through property taxes (e.g., the *Property Assessed Clean Energy* program).

Project Type Condominium Cooperative Planned Unit Development (PUD) Property is not located in a project

L2. Title Information

Title to the Property Will be Held in What Name(s): LISA FRANCES DOLAN, DAVID KEITH DOLAN	For Refinance: Title to the Property is Currently Held in What Name(s):
Estate Will be Held in <input checked="" type="radio"/> Fee Simple <input type="radio"/> Leasehold Expiration Date _____ (mm/dd/yyyy)	Trust Information <input type="radio"/> Title Will be Held by an <i>Inter Vivos (Living)</i> Trust <input type="radio"/> Title Will be Held by a Land Trust
Manner in Which Title Will be Held <input type="radio"/> Sole Ownership <input checked="" type="radio"/> Joint Tenancy with Right of Survivorship <input type="radio"/> Life Estate <input type="radio"/> Tenancy by the Entirety <input type="radio"/> Tenancy in Common <input type="radio"/> Other	Indian Country Land Tenure <input type="radio"/> Fee Simple On a Reservation <input type="radio"/> Individual Trust Land (<i>Allotted/Restricted</i>) <input type="radio"/> Tribal Trust Land On a Reservation <input type="radio"/> Tribal Trust Land Off Reservation <input type="radio"/> Alaska Native Corporation Land

L3. Mortgage Loan Information

Mortgage Type Applied For <input checked="" type="radio"/> Conventional <input type="radio"/> USDA-RD <input type="radio"/> FHA <input type="radio"/> VA <input type="radio"/> Other: _____	Terms of Loan Note Rate <u>11.9000</u> % Loan Term <u>240</u> (months)	Mortgage Lien Type <input type="radio"/> First Lien <input checked="" type="radio"/> Subordinate Lien
Amortization Type <input checked="" type="radio"/> Fixed Rate <input type="radio"/> Other (explain): _____ <input type="radio"/> Adjustable Rate	Proposed Monthly Payment for Property First Mortgage (<i>P & I</i>) \$ <u>1,425.82</u> Subordinate Lien(s) (<i>P & I</i>) \$ <u>1,870.95</u> Homeowner's Insurance \$ <u>178.18</u> Supplemental Property Insurance \$ _____ Property Taxes \$ <u>126.80</u> Mortgage Insurance \$ <u>220.96</u> Association/Project Dues (<i>Condo, Co-Op, PUD</i>) \$ <u>91.66</u> Other \$ _____ TOTAL \$ <u>3,914.37</u>	
If Adjustable Rate: Initial Period Prior to First Adjustment _____ (months) Subsequent Adjustment Period _____ (months)		

Loan Features

- Balloon / Balloon Term _____ (months)
 Interest Only / Interest Only Term _____ (months)
 Negative Amortization
 Prepayment Penalty / Prepayment Penalty Term _____ (months)
 Temporary Interest Rate Buydown / Initial Buydown Rate _____ %
 Other (explain): _____

Borrower Name: LISA FRANCES DOLANAdditional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application - Lender Loan Information

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L4. Qualifying the Borrower - Minimum Required Funds or Cash Back**DUE FROM BORROWER(S)**

A. Sales Contract Price	\$
B. Improvements, Renovations, and Repairs	\$
C. Land (<i>if acquired separately</i>)	\$
D. For Refinance: Balance of Mortgage Loans on the Property to be paid off in the Transaction (See Table 3a. <i>Property You Own</i>)	\$ 74,220.93
E. Credit Cards and Other Debts Paid Off (See Table 2c. <i>Liabilities - Credit Cards, Other Debts, and Leases that You Owe</i>)	\$
F. Borrower Closing Costs (<i>including Prepaid and Initial Escrow Payments</i>)	\$ 7,727.37
G. Discount Points	\$
H. TOTAL DUE FROM BORROWER(s) (Total of A thru G)	\$ 81,948.30

TOTAL MORTGAGE LOANS

I. Loan Amount Loan Amount Excluding Financed Mortgage Insurance (<i>or Mortgage Insurance Equivalent</i>) \$ 171,000.00 Financed Mortgage Insurance (<i>or Mortgage Insurance Equivalent</i>) Amount \$ _____	\$ 171,000.00
J. Other New Mortgage Loans on the Property the Borrower(s) is Buying or Refinancing (See Table 4b. <i>Other New Mortgage Loans on the Property You are Buying or Refinancing</i>)	\$
K. TOTAL MORTGAGE LOANS (Total of I and J)	\$ 171,000.00

TOTAL CREDITS

L. Seller Credits (<i>Enter the amount of Borrower(s) costs paid by the property seller</i>)	\$
M. Other Credits (<i>Enter the sum of all other credits - Borrower Paid Fees, Earnest Money, Employer Assisted Housing, Lease Purchase Fund, Lot Equity, Relocation Funds, Sweat Equity, Trade Equity, Other</i>)	\$ 540.00
N. TOTAL CREDITS (Total of L and M)	\$ 540.00

CALCULATION

TOTAL DUE FROM BORROWER(s) (Line H)	\$ 81,948.30
LESS TOTAL MORTGAGE LOANS (Line K) AND TOTAL CREDITS (Line N)	-\$ 171,540.00
Cash From/To the Borrower (Line H minus Line K and Line N)	\$ -89,591.70
NOTE: This amount does not include reserves or other funds that may be required by the Lender to be verified.	

Borrower Name: LISA FRANCES DOLAN

Additional Borrower Name: DAVID KEITH DOLAN

Uniform Residential Loan Application - Lender Loan Information

Freddie Mac Form 65 • Fannie Mae Form 1003

Effective 1/2021

Supplemental Consumer Information Form

The purpose of the Supplemental Consumer Information Form (SCIF) is to collect information on homeownership education and housing counseling and/or language preference to help lenders better understand the needs of borrowers during the home buying process.

Borrower Name (First, Middle, Last, Suffix) DAVID KEITH DOLAN

Homeownership Education and Housing Counseling

Homeownership education and housing counseling programs are offered by independent third parties to help the Borrower understand the rights and responsibilities of homeownership.

Has the Borrower(s) completed homeownership education (group or web-based classes) within the last 12 months? NO YES

If YES: (1) What format was it in: (Check the most recent) Attended Workshop in Person Completed Web-Based Workshop

(2) Who provided it:

If a HUD-approved agency, provide Housing Counseling Agency ID # _____

For a list of HUD approved agencies go to: https://www.hud.gov/program_offices/housing/sfh/hcc

If not a HUD-approved agency, or unsure of HUD approval, provide the name of the Housing Education Program:

(3) Date of Completion _____ mm/dd/yyyy

Has the Borrower(s) completed housing counseling (customized counselor-to-client services) within the last 12 months? NO YES

If YES: (1) What format was it in: (Check the most recent) Face-to-Face Telephone Internet Hybrid

(2) Who provided it:

If a HUD-approved agency, provide Housing Counseling Agency ID # _____

For a list of HUD approved agencies go to: https://www.hud.gov/program_offices/housing/sfh/hcc

If not a HUD-approved agency, or unsure of HUD approval, provide name of Housing Counseling Agency:

(3) Date of Completion _____ mm/dd/yyyy

Language Preference

Language Preference — Your loan transaction is likely to be conducted in English. This question requests information to see if communications are available to assist you in your preferred language. Please be aware that communications may NOT be available in your preferred language.

Optional - Mark the language you would prefer, if available:

English Chinese Korean Spanish Tagalog Vietnamese Other: _____ I do not wish to respond
(中文) (한국어) (Español) (Tagalog) (Tiếng Việt)

Your answer will NOT negatively affect your mortgage application. Your answer does not mean the Lender or Other Loan Participants agree to communicate or provide documents in your preferred language. However, it may let them assist you or direct you to persons who can assist you.

Language assistance and resources may be available through housing counseling agencies approved by the U.S. Department of Housing and Urban Development. To find a housing counseling agency, contact one of the following Federal government agencies:

- U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or https://www.hud.gov/program_offices/housing/sfh/hcc.
- Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/find-a-housing-counselor.

Supplemental Consumer Information Form

The purpose of the Supplemental Consumer Information Form (SCIF) is to collect information on homeownership education and housing counseling and/or language preference to help lenders better understand the needs of borrowers during the home buying process.

Borrower Name (First, Middle, Last, Suffix) LISA FRANCES DOLAN

Homeownership Education and Housing Counseling

Homeownership education and housing counseling programs are offered by independent third parties to help the Borrower understand the rights and responsibilities of homeownership.

Has the Borrower(s) completed homeownership education (group or web-based classes) within the last 12 months? NO YES

If YES: (1) What format was it in: (Check the most recent) Attended Workshop in Person Completed Web-Based Workshop

(2) Who provided it:

If a HUD-approved agency, provide Housing Counseling Agency ID # _____

For a list of HUD approved agencies go to: https://www.hud.gov/program_offices/housing/sfh/hcc

If not a HUD-approved agency, or unsure of HUD approval, provide the name of the Housing Education Program:

(3) Date of Completion _____ mm/dd/yyyy

Has the Borrower(s) completed housing counseling (customized counselor-to-client services) within the last 12 months? NO YES

If YES: (1) What format was it in: (Check the most recent) Face-to-Face Telephone Internet Hybrid

(2) Who provided it:

If a HUD-approved agency, provide Housing Counseling Agency ID # _____

For a list of HUD approved agencies go to: https://www.hud.gov/program_offices/housing/sfh/hcc

If not a HUD-approved agency, or unsure of HUD approval, provide name of Housing Counseling Agency:

(3) Date of Completion _____ mm/dd/yyyy

Language Preference

Language Preference — Your loan transaction is likely to be conducted in English. This question requests information to see if communications are available to assist you in your preferred language. Please be aware that communications may NOT be available in your preferred language.

Optional - Mark the language you would prefer, if available:

English Chinese Korean Spanish Tagalog Vietnamese Other: _____ I do not wish to respond
(中文) (한국어) (Español) (Tagalog) (Tiếng Việt)

Your answer will NOT negatively affect your mortgage application. Your answer does not mean the Lender or Other Loan Participants agree to communicate or provide documents in your preferred language. However, it may let them assist you or direct you to persons who can assist you.

Language assistance and resources may be available through housing counseling agencies approved by the U.S. Department of Housing and Urban Development. To find a housing counseling agency, contact one of the following Federal government agencies:

- U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or https://www.hud.gov/program_offices/housing/sfh/hcc.
- Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/find-a-housing-counselor.

Borrower's Declaration

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Date: **MAY 28, 2025**

Lender: **SPRING EQ, LLC**

Borrower(s): **LISA FRANCES DOLAN** and **DAVID KEITH DOLAN**

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

By initialing the following statements and signing this document, I/we certify the below to be true as of the date of this closing and signing:

- I. All of the information outlined in the "Uniform Residential Loan Application" (FNMA Form 1003/FHLMC Form 65) accompanying this document, as well as all other information and documentation provided by me/us, is current, correct, and true, particularly information concerning my/our employment, income, liabilities, and assets.

Initial here: _____

- II. My/Our income and employment has not been impaired due to the effects of COVID-19, including governmental regulations made to address this virus.

Initial here: _____

- III. I/We have not made (and are not aware of) any material omissions, misrepresentations, and misstatements of fact throughout the loan process.

Initial here: _____

- IV. I/We are unaware of any changes (pending or otherwise) to my/our employment, income, liabilities, and assets which would negatively affect the ability to repay the loan referenced above, and do not reasonably anticipate that any such changes will occur in the near future.

Initial here: _____

- V. **I/We will contact SPRING EQ, LLC regarding any changes in my/our employment or the future of employment prior to my/our first payment being made in full.**

Initial here: _____

- VI. I/We have not missed, skipped (in forbearance), or been past due on any obligations or mortgages disclosed on the Uniform Residential Loan Application contained in this closing document package since the date of my initial application. **I/We attest that all payments for the first 6 months will be paid in full and on time and will not request a forbearance or refinance.** Reference the document before initialing.

Initial here: _____

Ensuring you have the ability to repay your mortgage is critical as you may not qualify for a forbearance. The recently passed CARES Act provides for a forbearance on certain mortgages for up to 180 days upon request to borrowers directly or indirectly affected by COVID-19. A forbearance is only provided on federally backed mortgages, which are:

- purchased or securitized by Fannie Mae or Freddie Mac;
- insured by the Federal Housing Administration (FHA);
- guaranteed or insured by the Department of Veterans Affairs (VA);
- guaranteed or insured by the Department of Agriculture (USDA); or
- guaranteed under HUD's Native American or Native Hawaiian Home Loan Guarantee programs.

Please keep in mind that your new loan may not be a federally backed residential mortgage. In that instance, your loan will not qualify for the forbearance mentioned above. If the loan you are seeking is a program provided by an entity above, your loan will not be purchased or insured/guaranteed immediately after closing. Therefore, your loan will not be eligible for a forbearance for at least a couple months after closing.

Execution

I/We, the Borrower(s), declare that the foregoing is true and correct.

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -

FACT Act Notice
Notice Regarding Furnishing Negative Information

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Date: **MAY 28, 2025**

Lender: **SPRING EQ, LLC**

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

We (Lender) may report information about your (Borrower[s]) account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

15 USCA § 1681s-2(a)(7); 12 CFR § 1022.1(b)(2)(ii) & 12 CFR Pt. 1022, App. B

By signing below, you acknowledge receipt of this Notice.

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -

**USA Patriot Act Disclosure
Borrower Identification**

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Please provide the following information. We require two forms of identification for each borrower to comply with section 326 of the Act.

Borrower's Name:
DAVID KEITH DOLAN

Address:
**3359 CROWELL LN
MOUNT PLEASANT, SC 29466-7618 US**

Loan Number: **3000239882**
Date of Birth: **JANUARY 2, 1969**
Social Security # / Tax ID #¹: **032-60-4173**

IMPORTANT - Information listed below must be exactly as indicated on the document.

Primary Forms of Identification - must display Borrower's name

Document	Country/State of Origin	ID Number	Issuance Date	Expiration Date
<input type="checkbox"/> State Issued Driver License				
<input type="checkbox"/> State Issued ID Card				
<input type="checkbox"/> Military ID Card				
<input type="checkbox"/> Passport				
<input type="checkbox"/> U.S. Alien Registration Card				
<input type="checkbox"/> Canadian Driver License				

Secondary Forms of Identification - must display Borrower's name

Document	Name of Issuer on Form	ID Number	Issuance Date	Expiration Date
<input type="checkbox"/> Social Security Card		032-60-4173		
<input type="checkbox"/> Government Issued Visa				
<input type="checkbox"/> Birth Certificate				
<input type="checkbox"/> Non-US/Canadian Driver License				
<input type="checkbox"/> Most Recent Signed Tax Returns		TIN:		
<input type="checkbox"/> Property Tax Bill		APN:		
<input type="checkbox"/> Voter Registration Card				
<input type="checkbox"/> Organizational Membership Card				
<input type="checkbox"/> Bank/Investment/Loan Statements				
<input type="checkbox"/> Paycheck stub with name				
<input type="checkbox"/> Most Recent W-2				
<input type="checkbox"/> Home/car/renter insurance papers				
<input type="checkbox"/> Recent utility bill				

Comments: _____

I certify that I have personally viewed and accurately recorded the information from the documents identified above, and have reasonably confirmed the identity of the applicant.

Certifier's Signature

Date

Certifier's Printed Name and Title

**USA Patriot Act Disclosure
Borrower Identification**

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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Please provide the following information. We require two forms of identification for each borrower to comply with section 326 of the Act.

Borrower's Name:

LISA FRANCES DOLAN

Address:

3359 CROWELL LN

MOUNT PLEASANT, SC 29466-7618 US

Loan Number: **3000239882**

Date of Birth: **JANUARY 8, 1969**

Social Security # / Tax ID #¹: **011-56-9644**

IMPORTANT - Information listed below must be exactly as indicated on the document.

Primary Forms of Identification - must display Borrower's name

Document	Country/State of Origin	ID Number	Issuance Date	Expiration Date
<input type="checkbox"/> State Issued Driver License				
<input type="checkbox"/> State Issued ID Card				
<input type="checkbox"/> Military ID Card				
<input type="checkbox"/> Passport				
<input type="checkbox"/> U.S. Alien Registration Card				
<input type="checkbox"/> Canadian Driver License				

Secondary Forms of Identification - must display Borrower's name

Document	Name of Issuer on Form	ID Number	Issuance Date	Expiration Date
<input type="checkbox"/> Social Security Card		011-56-9644		
<input type="checkbox"/> Government Issued Visa				
<input type="checkbox"/> Birth Certificate				
<input type="checkbox"/> Non-US/Canadian Driver License				
<input type="checkbox"/> Most Recent Signed Tax Returns		TIN:		
<input type="checkbox"/> Property Tax Bill		APN:		
<input type="checkbox"/> Voter Registration Card				
<input type="checkbox"/> Organizational Membership Card				
<input type="checkbox"/> Bank/Investment/Loan Statements				
<input type="checkbox"/> Paycheck stub with name				
<input type="checkbox"/> Most Recent W-2				
<input type="checkbox"/> Home/car/renter insurance papers				
<input type="checkbox"/> Recent utility bill				

Comments: _____

I certify that I have personally viewed and accurately recorded the information from the documents identified above, and have reasonably confirmed the identity of the applicant.

Certifier's Signature

Date

Certifier's Printed Name and Title

TAXPAYER CONSENT FORM

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Date: **MAY 28, 2025**

Lender: **SPRING EQ, LLC**

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

I/We understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from my/our loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

26 U.S.C.A. § 6103(c)

- BORROWER - **LISA FRANCES DOLAN** - DATE -

- BORROWER - **DAVID KEITH DOLAN** - DATE -

SPRING EQ, LLC
Your Credit Score and The Price You Pay for Credit

Your Credit Score

Your credit score	690 Source: Experian P.O. Box 4500 Allen, TX 75013 1-888-EXPERIAN (1-888-397-3742) www.experian.com/reportaccess	Date: APRIL 21, 2025
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Understanding Your Credit Score

What you should know about credit scores	<p>Your credit score is a number that reflects the information in your credit report.</p> <p>Your credit report is a record of your credit history. It includes information about whether you pay your bills on time and how much you owe to creditors.</p> <p>Your credit score can change, depending on how your credit history changes.</p>																		
How we use your credit score	<p>Your credit score can affect whether you can get a loan and how much you will have to pay for that loan.</p>																		
The range of scores	<p>Scores range from a low of 320 to a high of 844.</p> <p>Generally, the higher your score, the more likely you are to be offered better credit terms.</p>																		
How your score compares to the scores of other consumers	<p style="text-align: center;">Experian™ Classic FICO® % of Consumers with Scores in a Particular Range</p> <table border="1"> <thead> <tr> <th>Score Range</th> <th>% of Consumers</th> </tr> </thead> <tbody> <tr> <td>320-499</td> <td>2%</td> </tr> <tr> <td>500-549</td> <td>5%</td> </tr> <tr> <td>550-599</td> <td>7%</td> </tr> <tr> <td>600-649</td> <td>9%</td> </tr> <tr> <td>650-699</td> <td>11%</td> </tr> <tr> <td>700-749</td> <td>15%</td> </tr> <tr> <td>750-799</td> <td>26%</td> </tr> <tr> <td>800-844</td> <td>25%</td> </tr> </tbody> </table> <p style="text-align: center;">© 2024 FICO All Rights Reserved Risk Model v02 - 0424</p>	Score Range	% of Consumers	320-499	2%	500-549	5%	550-599	7%	600-649	9%	650-699	11%	700-749	15%	750-799	26%	800-844	25%
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Understanding Your Credit Score (continued)

Key factors that adversely affected your credit score	PROPORTION OF BALANCES TO CREDIT LIMITS ON BANK/NATIONAL REVOLVING OR OTHER REVOLVING ACCOUNTS IS TOO HIGH TOO MANY CONSUMER FINANCE COMPANY ACCOUNTS TOO MANY ACCOUNTS WITH BALANCES LENGTH OF TIME ACCOUNTS HAVE BEEN ESTABLISHED
--	--

Checking Your Credit Report

What if there are mistakes in your credit report?	You have a right to dispute any inaccurate information in your credit report. If you find mistakes on your credit report, contact the consumer reporting agency. It is a good idea to check your credit report to make sure the information it contains is accurate.
How can you obtain a copy of your credit report?	Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year. To order your free annual credit report -- <i>By telephone:</i> Call toll-free: 1-877-322-8228 <i>On the web:</i> Visit www.annualcreditreport.com <i>By mail:</i> Mail your completed Annual Credit Report Request Form (which you can obtain from the Federal Trade Commission's web site at http://www.ftc.gov/bcp/conline/include/requestformfinal.pdf) to: Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281
How can you get more information?	For more information about credit reports and your rights under Federal law, visit the Consumer Financial Protection Bureau's website at www.consumerfinance.gov/learnmore .

Notice to the Home Loan Applicant

In connection with your application for a home loan, the lender must disclose to you the score that a consumer reporting agency distributed to users and the lender used in connection with your home loan, and the key factors affecting your credit scores.

The credit score is a computer generated summary calculated at the time of the request and based on information that a consumer reporting agency or lender has on file. The scores are based on data about your credit history and payment patterns. Credit scores are important because they are used to assist the lender in determining whether you will obtain a loan. They may also be used to determine what interest rate you may be offered on the mortgage. Credit scores can change over time, depending on your conduct, how your credit history and payment patterns change, and how credit scoring technologies change.

Because the score is based on information in your credit history, it is very important that you review the credit-related information that is being furnished to make sure it is accurate. Credit records may vary from one company to another.

If you have questions about your credit score or the credit information that is furnished to you, contact the consumer reporting agency at the address and telephone number provided with this notice, or contact the lender, if the lender developed or generated the credit score. The consumer reporting agency plays no part in the decision to take any action on the loan application and is unable to provide you with specific reasons for the decision on a loan application.

If you have questions concerning the terms of the loan, contact the lender.

By signing below, the undersigned hereby acknowledges receipt of a copy of this disclosure.

- BORROWER - DAVID KEITH DOLAN - DATE -

SPRING EQ, LLC
Your Credit Score and The Price You Pay for Credit

Your Credit Score

Your credit score	739 Source: Experian P.O. Box 4500 Allen, TX 75013 1-888-EXPERIAN (1-888-397-3742) www.experian.com/reportaccess
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Understanding Your Credit Score

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How can you get more information?	For more information about credit reports and your rights under Federal law, visit the Consumer Financial Protection Bureau's website at www.consumerfinance.gov/learnmore .

Notice to the Home Loan Applicant

In connection with your application for a home loan, the lender must disclose to you the score that a consumer reporting agency distributed to users and the lender used in connection with your home loan, and the key factors affecting your credit scores.

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If you have questions concerning the terms of the loan, contact the lender.

By signing below, the undersigned hereby acknowledges receipt of a copy of this disclosure.

- BORROWER - LISA FRANCES DOLAN - DATE -

CREDIT SCORE MATRIX

Date: **MAY 28, 2025**

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

In addition to the Credit Score you will also receive information on four key factors which adversely affected your credit score. These four key factors are represented as reason codes by the Credit Bureaus and represent the top four reasons that your credit score was not higher. The reason code numbers which are printed on the Credit Score Disclosure are arranged according to the significance that they have on your credit score. The first code represents the factor with the strongest negative impact on your score. The second code had the next strongest impact, and so on.

The following matrix lists the reason statement and reason codes. The reason statements and codes vary by individual credit bureaus. First identify the credit bureau that provided your credit score on the Credit Score Disclosure. Then refer to the key factors that adversely affected your credit score. Compare the code numbers to the code numbers referenced below for the appropriate credit bureau. The corresponding reason statement is a key factor affecting your credit score.

STATEMENT	EQUIFAX BEACON CODE	TRANS UNION EMPIRICA CODE	EXPERIAN FAIR ISAAC CODE
Amount Owed on accounts is too high	01	01	01
Level of delinquency on accounts	02	02	02
Too few bank revolving accounts	03	NA	03
Proportion of loan balances to loan amounts is too high	33	03	33
Too many bank or national revolving accounts	04	NA	04
Lack of recent installment loan information	32	04	32
Too many accounts with balances	05	05	05
Too many consumer finance company accounts	06	06	06
Account payment history is too new to rate	07	07	07
Too many inquiries last 12 months	08	08	08
Too many accounts recently opened	09	09	09
Proportion of balances to credit limits is too high on bank revolving or other revolving accounts	10	10	10
Amount owed on revolving accounts is too high	11	11	11
Length of time revolving accounts have been established	12	12	12
Time since delinquency is too recent or unknown	13	13	13
Length of time accounts have been established	14	14	14
Lack of recent bank revolving information	15	15	15
Lack of recent revolving account information	16	16	16
No recent non-mortgage balance information	17	17	17
Number of accounts with delinquency	18	18	18
Too few accounts currently paid as agreed	19	27	19
Date of last inquiry too recent	NA	19	NA
Length of time since derogatory public record or collection is too short	20	20	20
Amount past due on accounts	21	21	21
Serious delinquency, derogatory public record or collection filed	22	22	22
Number of bank or national revolving accounts with balances	23	NA	23
No recent revolving balances	24	24	24
Number of established accounts	28	28	NA
No recent bankcard balances	NA	29	29
Time since most recent account opening is too short	30	30	30
Too few accounts with recent payment information	31	NA	NA
Amount owed on delinquent accounts	34	NA	34
Serious delinquency, and public record or collection filed	38	38	38
Serious delinquency	39	39	39
Derogatory public record or collection filed	40	40	40
Lack of recent auto loan information	NA	97	98
Length of time consumer finance company loans have been established	NA	98	NA

Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name David	ii. Middle initial K	iii. Last name/BMF company name Dolan	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions) 032-60-4173			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.) 3359 Crowell Ln			b. City Mount Pleasant	c. State SC	d. ZIP code 29466-7618
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Verification Bureau Llc			ii. IVES participant ID number 0000302453	iii. SOR mailbox ID Adamdove	
iv. Street address (including apt., room, or suite no.) 30 Executive Park, Suite 200			v. City Irvine	vi. State CA	vii. ZIP code 92614
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Spring Eq, Llc			ii. Telephone number 888-978-9978		
iii. Street address (including apt., room, or suite no.) 1 West Elm St. Suite 450			iv. City Conshohocken	v. State PA	vi. ZIP code 19428-4152

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)**6. Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts**1040**a. Return Transcript b. Account Transcript c. Record of Account **7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)**

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a **8. Year or period requested.** Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)**12 / 31 / 2024****12 / 31 / 2023**

/ /

/ /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.		
Sign Here	Signature for Line 1a (see instructions)	
	Date	Phone number of taxpayer on line 1a or 2a (617) 529-1023
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative	
	<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name David Keith Dolan	
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature (required if listed on Line 2a)		
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		
<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name		

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

Line 6c. Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name Lisa	ii. Middle initial F	iii. Last name/BMF company name Dolan	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions) 011-56-9644			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.) 3359 Crowell Ln			b. City Mount Pleasant	c. State SC	d. ZIP code 29466-7618
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Verification Bureau Llc			ii. IVES participant ID number 0000302453	iii. SOR mailbox ID Adamdove	
iv. Street address (including apt., room, or suite no.) 30 Executive Park, Suite 200			v. City Irvine	vi. State CA	vii. ZIP code 92614
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Spring Eq, Llc			ii. Telephone number 888-978-9978		
iii. Street address (including apt., room, or suite no.) 1 West Elm St. Suite 450			iv. City Conshohocken	v. State PA	vi. ZIP code 19428-4152

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)**6. Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts**1040**a. Return Transcript b. Account Transcript c. Record of Account **7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)**

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a **8. Year or period requested.** Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)**12 / 31 / 2024****12 / 31 / 2023**

/ /

/ /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

 Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a (617) 529-1023
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name Lisa Frances Dolan			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)		Date	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

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Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

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Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

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Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

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Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

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(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
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If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

NOTICE OF RIGHT TO CANCEL

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

YOUR RIGHT TO CANCEL

You are entering into a transaction that will result in a mortgage/lien/security interest on your home. You have a legal right under federal law to cancel this transaction, without cost, within THREE (3) BUSINESS DAYS from whichever of the following events occurs last:

- (1) the date of the transaction, which is **MAY 28, 2025**; or
- (2) the date you received your Truth-in-Lending disclosures; or
- (3) the date you received this notice of your right to cancel.

If you cancel the transaction, the mortgage/lien/security interest is also cancelled. Within 20 CALENDAR DAYS after we receive your notice, we must take the steps necessary to reflect the fact that the mortgage/lien/security interest on your home has been cancelled; and we must return to you any money or property you have given to us or to anyone else in connection with this transaction.

You may keep any money or property we have given you until we have done the things mentioned above, but you must then offer to return the money or property. If it is impractical or unfair for you to return the property, you must offer its reasonable value. You may offer to return the property at your home or at the location of the property. Money must be returned to the address below. If we do not take possession of the money or property within 20 CALENDAR DAYS of your offer, you may keep it without further obligation.

HOW TO CANCEL

If you decide to cancel this transaction, you may do so by notifying us in writing at:

SPRING EQ, LLC
1 WEST ELM ST. SUITE 450
CONSHOHOCKEN, PA 19428-4152

You may use any written statement that is signed and dated by you and states your intention to cancel or you may use this notice by dating and signing below. Keep one copy of this notice because it contains important information about your rights. If you cancel by mail or telegram, you must send the notice no later than MIDNIGHT of **MAY 31, 2025** (or MIDNIGHT of the THIRD BUSINESS DAY* following the latest of the three events listed above). If you send or deliver your written notice to cancel some other way, it must be delivered to the above address no later than that time.

I WISH TO CANCEL

Date: _____

RECEIPT OF NOTICE OF RIGHT TO CANCEL

Each of the undersigned have now received two **Notice of Right to Cancel** forms. The above real estate loan cannot be funded until THREE (3) BUSINESS DAYS* have elapsed since the date of this acknowledgment of receipt of the **Notice of Right to Cancel**.

*Business days include all days except Sundays, New Year's Day, Martin Luther King Day, Washington's Birthday, Memorial Day, Juneteenth National Independence Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day.

Date **Notice of Right to Cancel** form received: **MAY 28, 2025**.

- BORROWER - DAVID KEITH DOLAN - DATE -

NOTICE OF RIGHT TO CANCEL

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

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- (1) the date of the transaction, which is **MAY 28, 2025**; or
- (2) the date you received your Truth-in-Lending disclosures; or
- (3) the date you received this notice of your right to cancel.

If you cancel the transaction, the mortgage/lien/security interest is also cancelled. Within 20 CALENDAR DAYS after we receive your notice, we must take the steps necessary to reflect the fact that the mortgage/lien/security interest on your home has been cancelled; and we must return to you any money or property you have given to us or to anyone else in connection with this transaction.

You may keep any money or property we have given you until we have done the things mentioned above, but you must then offer to return the money or property. If it is impractical or unfair for you to return the property, you must offer its reasonable value. You may offer to return the property at your home or at the location of the property. Money must be returned to the address below. If we do not take possession of the money or property within 20 CALENDAR DAYS of your offer, you may keep it without further obligation.

HOW TO CANCEL

If you decide to cancel this transaction, you may do so by notifying us in writing at:

SPRING EQ, LLC
1 WEST ELM ST. SUITE 450
CONSHOHOCKEN, PA 19428-4152

You may use any written statement that is signed and dated by you and states your intention to cancel or you may use this notice by dating and signing below. Keep one copy of this notice because it contains important information about your rights. If you cancel by mail or telegram, you must send the notice no later than MIDNIGHT of **MAY 31, 2025** (or MIDNIGHT of the THIRD BUSINESS DAY* following the latest of the three events listed above). If you send or deliver your written notice to cancel some other way, it must be delivered to the above address no later than that time.

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Loan #: 3000239882
MIN: 101369830002398825

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

YOUR RIGHT TO CANCEL

You are entering into a transaction that will result in a mortgage/lien/security interest on your home. You have a legal right under federal law to cancel this transaction, without cost, within THREE (3) BUSINESS DAYS from whichever of the following events occurs last:

- (1) the date of the transaction, which is **MAY 28, 2025**; or
- (2) the date you received your Truth-in-Lending disclosures; or
- (3) the date you received this notice of your right to cancel.

If you cancel the transaction, the mortgage/lien/security interest is also cancelled. Within 20 CALENDAR DAYS after we receive your notice, we must take the steps necessary to reflect the fact that the mortgage/lien/security interest on your home has been cancelled; and we must return to you any money or property you have given to us or to anyone else in connection with this transaction.

You may keep any money or property we have given you until we have done the things mentioned above, but you must then offer to return the money or property. If it is impractical or unfair for you to return the property, you must offer its reasonable value. You may offer to return the property at your home or at the location of the property. Money must be returned to the address below. If we do not take possession of the money or property within 20 CALENDAR DAYS of your offer, you may keep it without further obligation.

HOW TO CANCEL

If you decide to cancel this transaction, you may do so by notifying us in writing at:

SPRING EQ, LLC
1 WEST ELM ST. SUITE 450
CONSHOHOCKEN, PA 19428-4152

You may use any written statement that is signed and dated by you and states your intention to cancel or you may use this notice by dating and signing below. Keep one copy of this notice because it contains important information about your rights. If you cancel by mail or telegram, you must send the notice no later than MIDNIGHT of **MAY 31, 2025** (or MIDNIGHT of the THIRD BUSINESS DAY* following the latest of the three events listed above). If you send or deliver your written notice to cancel some other way, it must be delivered to the above address no later than that time.

I WISH TO CANCEL

Date: _____

RECEIPT OF NOTICE OF RIGHT TO CANCEL

Each of the undersigned have now received two **Notice of Right to Cancel** forms. The above real estate loan cannot be funded until THREE (3) BUSINESS DAYS* have elapsed since the date of this acknowledgment of receipt of the **Notice of Right to Cancel**.

*Business days include all days except Sundays, New Year's Day, Martin Luther King Day, Washington's Birthday, Memorial Day, Juneteenth National Independence Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day.

Date **Notice of Right to Cancel** form received: **MAY 28, 2025**.

- BORROWER - DAVID KEITH DOLAN - DATE -

NOTICE OF RIGHT TO CANCEL

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

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I WISH TO CANCEL

Date: _____

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*Business days include all days except Sundays, New Year's Day, Martin Luther King Day, Washington's Birthday, Memorial Day, Juneteenth National Independence Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day.

Date **Notice of Right to Cancel** form received: **MAY 28, 2025**.

- BORROWER - **LISA FRANCES DOLAN** - DATE -

NOTICE OF RIGHT TO CANCEL

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

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Date **Notice of Right to Cancel** form received: **MAY 28, 2025**.

- BORROWER - **LISA FRANCES DOLAN** - DATE -

NOTICE OF RIGHT TO CANCEL

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

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Date: _____

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Date **Notice of Right to Cancel** form received: **MAY 28, 2025**.

- BORROWER - **LISA FRANCES DOLAN** - DATE -

Addendum to Closing Disclosure

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

I have provided a Closing Disclosure or settlement statement, e.g., ALTA, which to the best of my knowledge, is a true and accurate statement evidencing all settlement costs to the borrower.

SETTLEMENT AGENT:

VICKY PALMER

DATE

WARNING: *It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine and imprisonment. For details see: Title 18 U.S. Code Section 1001 and Section 1010.*

SIGNATURE/NAME AFFIDAVIT

Date: **MAY 28, 2025**

Lender: **SPRING EQ, LLC**

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

DOLAN
Loan #: **3000239882**
MIN: **101369830002398825**

I, the undersigned Borrower, state that I am one and the same person named in the Note and Security Instrument. I also swear and affirm that the signature below is my true and exact signature for execution of the loan documentation.

I hereby certify that:

DAVID K DOLAN
DAVID KEITH DOLAN
DAVID DOLAN

are one and the same person.

DAVID KEITH DOLAN

(Print or Type Name)

Signature

DAVID KEITH DOLAN

Date

State of **SOUTH CAROLINA**

)

County of **CHARLESTON**

)

On this _____ day of _____, before me, the undersigned, a Notary Public in and for said State, personally appeared **DAVID KEITH DOLAN** known to me, or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Signature _____

Notary Public for **SOUTH CAROLINA**

My Commission Expires: _____

SIGNATURE/NAME AFFIDAVIT

Date: **MAY 28, 2025**

Lender: **SPRING EQ, LLC**

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

I, the undersigned Borrower, state that I am one and the same person named in the Note and Security Instrument. I also swear and affirm that the signature below is my true and exact signature for execution of the loan documentation.

I hereby certify that:

LISA F MCNEIL
LISA F BERTOLACCINI
LISA F DOLAN
LISA MCNEIL
LISA F MCNEIL
LISA DOLAN
LISA FRANCES DOLAN

are one and the same person.

LISA FRANCES DOLAN

(Print or Type Name)

Signature

LISA FRANCES DOLAN

Date

State of **SOUTH CAROLINA**

)

County of **CHARLESTON**

)

On this _____ day of _____, before me, the undersigned, a Notary Public in and for said State, personally appeared **LISA FRANCES DOLAN** known to me, or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Signature _____

Notary Public for **SOUTH CAROLINA**

My Commission Expires: _____

OCCUPANCY STATEMENT

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Date: **MAY 28, 2025**

Lender: **SPRING EQ, LLC**

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

Borrower hereby declares, under penalty of perjury, as follows:

Owner Occupied

I/We will occupy the subject property as my/our principal residence within 60 days after the date of closing as required by, and in compliance with, the terms of the Deed of Trust/Mortgage/Security Instrument relating to the subject property. I/We will continue to occupy the property as my/our principal residence for at least one year after the date of occupancy, unless Lender otherwise agrees in writing or extenuating circumstances exist which are beyond my/our control.

Occupied as a Second Home

I/We will occupy the subject property as my/our second residence as required by, and in compliance with, the terms of the Deed of Trust/Mortgage/Security Instrument relating to the subject property.

Investment Property - Will Not Occupy

I/We will not occupy the subject property.

I/We are aware of and understand that if at any time it is determined that the foregoing statement is untrue, I/We will be subject to prosecution for fraud under applicable state laws.

I certify under penalty of Chapter 18, U.S.C. 1010 to 1014 that the statement contained herein is true and correct.

- BORROWER - **LISA FRANCES DOLAN - DATE -**

- BORROWER - **DAVID KEITH DOLAN - DATE -**

State of **SOUTH CAROLINA**

County of **CHARLESTON**

Sworn and subscribed before me on this _____ day of _____.

Notary Public for South Carolina

My commission expires: _____

SPRING EQ, LLC
1 WEST ELM ST. SUITE 450, CONSHOHOCKEN, PA 19428-4152
BORROWER(S): LISA FRANCES DOLAN
DAVID KEITH DOLAN

Loan No: **3000239882**

Initial Amortization Schedule

General Loan Parameters:

Appraised Value: **\$575,000.00**

Original Principal Balance: **\$171,000.00**

Amortization Term: **240**

Interest Rate: **11.900%**

Payment Number	Payment Date	Payment Amount	Interest Portion	Principal Portion	Interest Paid	Remaining Balance	Resulting LTV
1	08/01/2025	\$1,870.95	\$1,695.75	\$175.20	\$1,695.75	\$170,824.80	29.71
2	09/01/2025	\$1,870.95	\$1,694.01	\$176.94	\$3,389.76	\$170,647.86	29.68
3	10/01/2025	\$1,870.95	\$1,692.26	\$178.69	\$5,082.02	\$170,469.17	29.65
4	11/01/2025	\$1,870.95	\$1,690.49	\$180.46	\$6,772.51	\$170,288.71	29.62
5	12/01/2025	\$1,870.95	\$1,688.70	\$182.25	\$8,461.21	\$170,106.46	29.58
6	01/01/2026	\$1,870.95	\$1,686.89	\$184.06	\$10,148.10	\$169,922.40	29.55
7	02/01/2026	\$1,870.95	\$1,685.06	\$185.89	\$11,833.16	\$169,736.51	29.52
8	03/01/2026	\$1,870.95	\$1,683.22	\$187.73	\$13,516.38	\$169,548.78	29.49
9	04/01/2026	\$1,870.95	\$1,681.36	\$189.59	\$15,197.74	\$169,359.19	29.45
10	05/01/2026	\$1,870.95	\$1,679.48	\$191.47	\$16,877.22	\$169,167.72	29.42
11	06/01/2026	\$1,870.95	\$1,677.58	\$193.37	\$18,554.80	\$168,974.35	29.39
12	07/01/2026	\$1,870.95	\$1,675.66	\$195.29	\$20,230.46	\$168,779.06	29.35
13	08/01/2026	\$1,870.95	\$1,673.73	\$197.22	\$21,904.19	\$168,581.84	29.32
14	09/01/2026	\$1,870.95	\$1,671.77	\$199.18	\$23,575.96	\$168,382.66	29.28
15	10/01/2026	\$1,870.95	\$1,669.79	\$201.16	\$25,245.75	\$168,181.50	29.25
16	11/01/2026	\$1,870.95	\$1,667.80	\$203.15	\$26,913.55	\$167,978.35	29.21
17	12/01/2026	\$1,870.95	\$1,665.79	\$205.16	\$28,579.34	\$167,773.19	29.18
18	01/01/2027	\$1,870.95	\$1,663.75	\$207.20	\$30,243.09	\$167,565.99	29.14
19	02/01/2027	\$1,870.95	\$1,661.70	\$209.25	\$31,904.79	\$167,356.74	29.11
20	03/01/2027	\$1,870.95	\$1,659.62	\$211.33	\$33,564.41	\$167,145.41	29.07
21	04/01/2027	\$1,870.95	\$1,657.53	\$213.42	\$35,221.94	\$166,931.99	29.03
22	05/01/2027	\$1,870.95	\$1,655.41	\$215.54	\$36,877.35	\$166,716.45	28.99
23	06/01/2027	\$1,870.95	\$1,653.27	\$217.68	\$38,530.62	\$166,498.77	28.96
24	07/01/2027	\$1,870.95	\$1,651.11	\$219.84	\$40,181.73	\$166,278.93	28.92
25	08/01/2027	\$1,870.95	\$1,648.93	\$222.02	\$41,830.66	\$166,056.91	28.88
26	09/01/2027	\$1,870.95	\$1,646.73	\$224.22	\$43,477.39	\$165,832.69	28.84
27	10/01/2027	\$1,870.95	\$1,644.51	\$226.44	\$45,121.90	\$165,606.25	28.80
28	11/01/2027	\$1,870.95	\$1,642.26	\$228.69	\$46,764.16	\$165,377.56	28.76
29	12/01/2027	\$1,870.95	\$1,639.99	\$230.96	\$48,404.15	\$165,146.60	28.72
30	01/01/2028	\$1,870.95	\$1,637.70	\$233.25	\$50,041.85	\$164,913.35	28.68
31	02/01/2028	\$1,870.95	\$1,635.39	\$235.56	\$51,677.24	\$164,677.79	28.64
32	03/01/2028	\$1,870.95	\$1,633.05	\$237.90	\$53,310.29	\$164,439.89	28.60
33	04/01/2028	\$1,870.95	\$1,630.70	\$240.25	\$54,940.99	\$164,199.64	28.56
34	05/01/2028	\$1,870.95	\$1,628.31	\$242.64	\$56,569.30	\$163,957.00	28.51
35	06/01/2028	\$1,870.95	\$1,625.91	\$245.04	\$58,195.21	\$163,711.96	28.47
36	07/01/2028	\$1,870.95	\$1,623.48	\$247.47	\$59,818.69	\$163,464.49	28.43
37	08/01/2028	\$1,870.95	\$1,621.02	\$249.93	\$61,439.71	\$163,214.56	28.39
38	09/01/2028	\$1,870.95	\$1,618.54	\$252.41	\$63,058.25	\$162,962.15	28.34
39	10/01/2028	\$1,870.95	\$1,616.04	\$254.91	\$64,674.29	\$162,707.24	28.30
40	11/01/2028	\$1,870.95	\$1,613.51	\$257.44	\$66,287.80	\$162,449.80	28.25
41	12/01/2028	\$1,870.95	\$1,610.96	\$259.99	\$67,898.76	\$162,189.81	28.21
42	01/01/2029	\$1,870.95	\$1,608.38	\$262.57	\$69,507.14	\$161,927.24	28.16
43	02/01/2029	\$1,870.95	\$1,605.78	\$265.17	\$71,112.92	\$161,662.07	28.12
44	03/01/2029	\$1,870.95	\$1,603.15	\$267.80	\$72,716.07	\$161,394.27	28.07
45	04/01/2029	\$1,870.95	\$1,600.49	\$270.46	\$74,316.56	\$161,123.81	28.02
46	05/01/2029	\$1,870.95	\$1,597.81	\$273.14	\$75,914.37	\$160,850.67	27.97
47	06/01/2029	\$1,870.95	\$1,595.10	\$275.85	\$77,509.47	\$160,574.82	27.93
48	07/01/2029	\$1,870.95	\$1,592.37	\$278.58	\$79,101.84	\$160,296.24	27.88
49	08/01/2029	\$1,870.95	\$1,589.60	\$281.35	\$80,691.44	\$160,014.89	27.83
50	09/01/2029	\$1,870.95	\$1,586.81	\$284.14	\$82,278.25	\$159,730.75	27.78
51	10/01/2029	\$1,870.95	\$1,584.00	\$286.95	\$83,862.25	\$159,443.80	27.73
52	11/01/2029	\$1,870.95	\$1,581.15	\$289.80	\$85,443.40	\$159,154.00	27.68
53	12/01/2029	\$1,870.95	\$1,578.28	\$292.67	\$87,021.68	\$158,861.33	27.63
54	01/01/2030	\$1,870.95	\$1,575.37	\$295.58	\$88,597.05	\$158,565.75	27.58
55	02/01/2030	\$1,870.95	\$1,572.44	\$298.51	\$90,169.49	\$158,267.24	27.52
56	03/01/2030	\$1,870.95	\$1,569.48	\$301.47	\$91,738.97	\$157,965.77	27.47
57	04/01/2030	\$1,870.95	\$1,566.49	\$304.46	\$93,305.46	\$157,661.31	27.42

Payment Number	Payment Date	Payment Amount	Interest Portion	Principal Portion	Interest Paid	Remaining Balance	Resulting LTV
58	05/01/2030	\$1,870.95	\$1,563.47	\$307.48	\$94,868.93	\$157,353.83	27.37
59	06/01/2030	\$1,870.95	\$1,560.43	\$310.52	\$96,429.36	\$157,043.31	27.31
60	07/01/2030	\$1,870.95	\$1,557.35	\$313.60	\$97,986.71	\$156,729.71	27.26
61	08/01/2030	\$1,870.95	\$1,554.24	\$316.71	\$99,540.95	\$156,413.00	27.20
62	09/01/2030	\$1,870.95	\$1,551.10	\$319.85	\$101,092.05	\$156,093.15	27.15
63	10/01/2030	\$1,870.95	\$1,547.92	\$323.03	\$102,639.97	\$155,770.12	27.09
64	11/01/2030	\$1,870.95	\$1,544.72	\$326.23	\$104,184.69	\$155,443.89	27.03
65	12/01/2030	\$1,870.95	\$1,541.49	\$329.46	\$105,726.18	\$155,114.43	26.98
66	01/01/2031	\$1,870.95	\$1,538.22	\$332.73	\$107,264.40	\$154,781.70	26.92
67	02/01/2031	\$1,870.95	\$1,534.92	\$336.03	\$108,799.32	\$154,445.67	26.86
68	03/01/2031	\$1,870.95	\$1,531.59	\$339.36	\$110,330.91	\$154,106.31	26.80
69	04/01/2031	\$1,870.95	\$1,528.22	\$342.73	\$111,859.13	\$153,763.58	26.74
70	05/01/2031	\$1,870.95	\$1,524.82	\$346.13	\$113,383.95	\$153,417.45	26.68
71	06/01/2031	\$1,870.95	\$1,521.39	\$349.56	\$114,905.34	\$153,067.89	26.62
72	07/01/2031	\$1,870.95	\$1,517.92	\$353.03	\$116,423.26	\$152,714.86	26.56
73	08/01/2031	\$1,870.95	\$1,514.42	\$356.53	\$117,937.68	\$152,358.33	26.50
74	09/01/2031	\$1,870.95	\$1,510.89	\$360.06	\$119,448.57	\$151,998.27	26.43
75	10/01/2031	\$1,870.95	\$1,507.32	\$363.63	\$120,955.89	\$151,634.64	26.37
76	11/01/2031	\$1,870.95	\$1,503.71	\$367.24	\$122,459.60	\$151,267.40	26.31
77	12/01/2031	\$1,870.95	\$1,500.07	\$370.88	\$123,959.67	\$150,896.52	26.24
78	01/01/2032	\$1,870.95	\$1,496.39	\$374.56	\$125,456.06	\$150,521.96	26.18
79	02/01/2032	\$1,870.95	\$1,492.68	\$378.27	\$126,948.74	\$150,143.69	26.11
80	03/01/2032	\$1,870.95	\$1,488.92	\$382.03	\$128,437.66	\$149,761.66	26.05
81	04/01/2032	\$1,870.95	\$1,485.14	\$385.81	\$129,922.80	\$149,375.85	25.98
82	05/01/2032	\$1,870.95	\$1,481.31	\$389.64	\$131,404.11	\$148,986.21	25.91
83	06/01/2032	\$1,870.95	\$1,477.45	\$393.50	\$132,881.56	\$148,592.71	25.84
84	07/01/2032	\$1,870.95	\$1,473.54	\$397.41	\$134,355.10	\$148,195.30	25.77
85	08/01/2032	\$1,870.95	\$1,469.60	\$401.35	\$135,824.70	\$147,793.95	25.70
86	09/01/2032	\$1,870.95	\$1,465.62	\$405.33	\$137,290.32	\$147,388.62	25.63
87	10/01/2032	\$1,870.95	\$1,461.60	\$409.35	\$138,751.92	\$146,979.27	25.56
88	11/01/2032	\$1,870.95	\$1,457.54	\$413.41	\$140,209.46	\$146,565.86	25.49
89	12/01/2032	\$1,870.95	\$1,453.44	\$417.51	\$141,662.90	\$146,148.35	25.42
90	01/01/2033	\$1,870.95	\$1,449.30	\$421.65	\$143,112.20	\$145,726.70	25.34
91	02/01/2033	\$1,870.95	\$1,445.12	\$425.83	\$144,557.32	\$145,300.87	25.27
92	03/01/2033	\$1,870.95	\$1,440.90	\$430.05	\$145,998.22	\$144,870.82	25.19
93	04/01/2033	\$1,870.95	\$1,436.64	\$434.31	\$147,434.86	\$144,436.51	25.12
94	05/01/2033	\$1,870.95	\$1,432.33	\$438.62	\$148,867.19	\$143,997.89	25.04
95	06/01/2033	\$1,870.95	\$1,427.98	\$442.97	\$150,295.17	\$143,554.92	24.97
96	07/01/2033	\$1,870.95	\$1,423.59	\$447.36	\$151,718.76	\$143,107.56	24.89
97	08/01/2033	\$1,870.95	\$1,419.15	\$451.80	\$153,137.91	\$142,655.76	24.81
98	09/01/2033	\$1,870.95	\$1,414.67	\$456.28	\$154,552.58	\$142,199.48	24.73
99	10/01/2033	\$1,870.95	\$1,410.14	\$460.81	\$155,962.72	\$141,738.67	24.65
100	11/01/2033	\$1,870.95	\$1,405.58	\$465.37	\$157,368.30	\$141,273.30	24.57
101	12/01/2033	\$1,870.95	\$1,400.96	\$469.99	\$158,769.26	\$140,803.31	24.49
102	01/01/2034	\$1,870.95	\$1,396.30	\$474.65	\$160,165.56	\$140,328.66	24.40
103	02/01/2034	\$1,870.95	\$1,391.59	\$479.36	\$161,557.15	\$139,849.30	24.32
104	03/01/2034	\$1,870.95	\$1,386.84	\$484.11	\$162,943.99	\$139,365.19	24.24
105	04/01/2034	\$1,870.95	\$1,382.04	\$488.91	\$164,326.03	\$138,876.28	24.15
106	05/01/2034	\$1,870.95	\$1,377.19	\$493.76	\$165,703.22	\$138,382.52	24.07
107	06/01/2034	\$1,870.95	\$1,372.29	\$498.66	\$167,075.51	\$137,883.86	23.98
108	07/01/2034	\$1,870.95	\$1,367.35	\$503.60	\$168,442.86	\$137,380.26	23.89
109	08/01/2034	\$1,870.95	\$1,362.35	\$508.60	\$169,805.21	\$136,871.66	23.80
110	09/01/2034	\$1,870.95	\$1,357.31	\$513.64	\$171,162.52	\$136,358.02	23.71
111	10/01/2034	\$1,870.95	\$1,352.22	\$518.73	\$172,514.74	\$135,839.29	23.62
112	11/01/2034	\$1,870.95	\$1,347.07	\$523.88	\$173,861.81	\$135,315.41	23.53
113	12/01/2034	\$1,870.95	\$1,341.88	\$529.07	\$175,203.69	\$134,786.34	23.44
114	01/01/2035	\$1,870.95	\$1,336.63	\$534.32	\$176,540.32	\$134,252.02	23.35
115	02/01/2035	\$1,870.95	\$1,331.33	\$539.62	\$177,871.65	\$133,712.40	23.25
116	03/01/2035	\$1,870.95	\$1,325.98	\$544.97	\$179,197.63	\$133,167.43	23.16
117	04/01/2035	\$1,870.95	\$1,320.58	\$550.37	\$180,518.21	\$132,617.06	23.06
118	05/01/2035	\$1,870.95	\$1,315.12	\$555.83	\$181,833.33	\$132,061.23	22.97
119	06/01/2035	\$1,870.95	\$1,309.61	\$561.34	\$183,142.94	\$131,499.89	22.87
120	07/01/2035	\$1,870.95	\$1,304.04	\$566.91	\$184,446.98	\$130,932.98	22.77
121	08/01/2035	\$1,870.95	\$1,298.42	\$572.53	\$185,745.40	\$130,360.45	22.67
122	09/01/2035	\$1,870.95	\$1,292.74	\$578.21	\$187,038.14	\$129,782.24	22.57
123	10/01/2035	\$1,870.95	\$1,287.01	\$583.94	\$188,325.15	\$129,198.30	22.47
124	11/01/2035	\$1,870.95	\$1,281.22	\$589.73	\$189,606.37	\$128,608.57	22.37
125	12/01/2035	\$1,870.95	\$1,275.37	\$595.58	\$190,881.74	\$128,012.99	22.26
126	01/01/2036	\$1,870.95	\$1,269.46	\$601.49	\$192,151.20	\$127,411.50	22.16
127	02/01/2036	\$1,870.95	\$1,263.50	\$607.45	\$193,414.70	\$126,804.05	22.05

Payment Number	Payment Date	Payment Amount	Interest Portion	Principal Portion	Interest Paid	Remaining Balance	Resulting LTV
128	03/01/2036	\$1,870.95	\$1,257.47	\$613.48	\$194,672.17	\$126,190.57	21.95
129	04/01/2036	\$1,870.95	\$1,251.39	\$619.56	\$195,923.56	\$125,571.01	21.84
130	05/01/2036	\$1,870.95	\$1,245.25	\$625.70	\$197,168.81	\$124,945.31	21.73
131	06/01/2036	\$1,870.95	\$1,239.04	\$631.91	\$198,407.85	\$124,313.40	21.62
132	07/01/2036	\$1,870.95	\$1,232.77	\$638.18	\$199,640.62	\$123,675.22	21.51
133	08/01/2036	\$1,870.95	\$1,226.45	\$644.50	\$200,867.07	\$123,030.72	21.40
134	09/01/2036	\$1,870.95	\$1,220.05	\$650.90	\$202,087.12	\$122,379.82	21.28
135	10/01/2036	\$1,870.95	\$1,213.60	\$657.35	\$203,300.72	\$121,722.47	21.17
136	11/01/2036	\$1,870.95	\$1,207.08	\$663.87	\$204,507.80	\$121,058.60	21.05
137	12/01/2036	\$1,870.95	\$1,200.50	\$670.45	\$205,708.30	\$120,388.15	20.94
138	01/01/2037	\$1,870.95	\$1,193.85	\$677.10	\$206,902.15	\$119,711.05	20.82
139	02/01/2037	\$1,870.95	\$1,187.13	\$683.82	\$208,089.28	\$119,027.23	20.70
140	03/01/2037	\$1,870.95	\$1,180.35	\$690.60	\$209,269.63	\$118,336.63	20.58
141	04/01/2037	\$1,870.95	\$1,173.50	\$697.45	\$210,443.13	\$117,639.18	20.46
142	05/01/2037	\$1,870.95	\$1,166.59	\$704.36	\$211,609.72	\$116,934.82	20.34
143	06/01/2037	\$1,870.95	\$1,159.60	\$711.35	\$212,769.32	\$116,223.47	20.21
144	07/01/2037	\$1,870.95	\$1,152.55	\$718.40	\$213,921.87	\$115,505.07	20.09
145	08/01/2037	\$1,870.95	\$1,145.43	\$725.52	\$215,067.30	\$114,779.55	19.96
146	09/01/2037	\$1,870.95	\$1,138.23	\$732.72	\$216,205.53	\$114,046.83	19.83
147	10/01/2037	\$1,870.95	\$1,130.96	\$739.99	\$217,336.49	\$113,306.84	19.71
148	11/01/2037	\$1,870.95	\$1,123.63	\$747.32	\$218,460.12	\$112,559.52	19.58
149	12/01/2037	\$1,870.95	\$1,116.22	\$754.73	\$219,576.34	\$111,804.79	19.44
150	01/01/2038	\$1,870.95	\$1,108.73	\$762.22	\$220,685.07	\$111,042.57	19.31
151	02/01/2038	\$1,870.95	\$1,101.17	\$769.78	\$221,786.24	\$110,272.79	19.18
152	03/01/2038	\$1,870.95	\$1,093.54	\$777.41	\$222,879.78	\$109,495.38	19.04
153	04/01/2038	\$1,870.95	\$1,085.83	\$785.12	\$223,965.61	\$108,710.26	18.91
154	05/01/2038	\$1,870.95	\$1,078.04	\$792.91	\$225,043.65	\$107,917.35	18.77
155	06/01/2038	\$1,870.95	\$1,070.18	\$800.77	\$226,113.83	\$107,116.58	18.63
156	07/01/2038	\$1,870.95	\$1,062.24	\$808.71	\$227,176.07	\$106,307.87	18.49
157	08/01/2038	\$1,870.95	\$1,054.22	\$816.73	\$228,230.29	\$105,491.14	18.35
158	09/01/2038	\$1,870.95	\$1,046.12	\$824.83	\$229,276.41	\$104,666.31	18.20
159	10/01/2038	\$1,870.95	\$1,037.94	\$833.01	\$230,314.35	\$103,833.30	18.06
160	11/01/2038	\$1,870.95	\$1,029.68	\$841.27	\$231,344.03	\$102,992.03	17.91
161	12/01/2038	\$1,870.95	\$1,021.34	\$849.61	\$232,365.37	\$102,142.42	17.76
162	01/01/2039	\$1,870.95	\$1,012.91	\$858.04	\$233,378.28	\$101,284.38	17.61
163	02/01/2039	\$1,870.95	\$1,004.40	\$866.55	\$234,382.68	\$100,417.83	17.46
164	03/01/2039	\$1,870.95	\$995.81	\$875.14	\$235,378.49	\$99,542.69	17.31
165	04/01/2039	\$1,870.95	\$987.13	\$883.82	\$236,365.62	\$98,658.87	17.16
166	05/01/2039	\$1,870.95	\$978.37	\$892.58	\$237,343.99	\$97,766.29	17.00
167	06/01/2039	\$1,870.95	\$969.52	\$901.43	\$238,313.51	\$96,864.86	16.85
168	07/01/2039	\$1,870.95	\$960.58	\$910.37	\$239,274.09	\$95,954.49	16.69
169	08/01/2039	\$1,870.95	\$951.55	\$919.40	\$240,225.64	\$95,035.09	16.53
170	09/01/2039	\$1,870.95	\$942.43	\$928.52	\$241,168.07	\$94,106.57	16.37
171	10/01/2039	\$1,870.95	\$933.22	\$937.73	\$242,101.29	\$93,168.84	16.20
172	11/01/2039	\$1,870.95	\$923.92	\$947.03	\$243,025.21	\$92,221.81	16.04
173	12/01/2039	\$1,870.95	\$914.53	\$956.42	\$243,939.74	\$91,265.39	15.87
174	01/01/2040	\$1,870.95	\$905.05	\$965.90	\$244,844.79	\$90,299.49	15.70
175	02/01/2040	\$1,870.95	\$895.47	\$975.48	\$245,740.26	\$89,324.01	15.53
176	03/01/2040	\$1,870.95	\$885.80	\$985.15	\$246,626.06	\$88,338.86	15.36
177	04/01/2040	\$1,870.95	\$876.03	\$994.92	\$247,502.09	\$87,343.94	15.19
178	05/01/2040	\$1,870.95	\$866.16	\$1,004.79	\$248,368.25	\$86,339.15	15.02
179	06/01/2040	\$1,870.95	\$856.20	\$1,014.75	\$249,224.45	\$85,324.40	14.84
180	07/01/2040	\$1,870.95	\$846.13	\$1,024.82	\$250,070.58	\$84,299.58	14.66
181	08/01/2040	\$1,870.95	\$835.97	\$1,034.98	\$250,906.55	\$83,264.60	14.48
182	09/01/2040	\$1,870.95	\$825.71	\$1,045.24	\$251,732.26	\$82,219.36	14.30
183	10/01/2040	\$1,870.95	\$815.34	\$1,055.61	\$252,547.60	\$81,163.75	14.12
184	11/01/2040	\$1,870.95	\$804.87	\$1,066.08	\$253,352.47	\$80,097.67	13.93
185	12/01/2040	\$1,870.95	\$794.30	\$1,076.65	\$254,146.77	\$79,021.02	13.74
186	01/01/2041	\$1,870.95	\$783.63	\$1,087.32	\$254,930.40	\$77,933.70	13.55
187	02/01/2041	\$1,870.95	\$772.84	\$1,098.11	\$255,703.24	\$76,835.59	13.36
188	03/01/2041	\$1,870.95	\$761.95	\$1,109.00	\$256,465.19	\$75,726.59	13.17
189	04/01/2041	\$1,870.95	\$750.96	\$1,119.99	\$257,216.15	\$74,606.60	12.98
190	05/01/2041	\$1,870.95	\$739.85	\$1,131.10	\$257,956.00	\$73,475.50	12.78
191	06/01/2041	\$1,870.95	\$728.63	\$1,142.32	\$258,684.63	\$72,333.18	12.58
192	07/01/2041	\$1,870.95	\$717.30	\$1,153.65	\$259,401.93	\$71,179.53	12.38
193	08/01/2041	\$1,870.95	\$705.86	\$1,165.09	\$260,107.79	\$70,014.44	12.18
194	09/01/2041	\$1,870.95	\$694.31	\$1,176.64	\$260,802.10	\$68,837.80	11.97
195	10/01/2041	\$1,870.95	\$682.64	\$1,188.31	\$261,484.74	\$67,649.49	11.77
196	11/01/2041	\$1,870.95	\$670.86	\$1,200.09	\$262,155.60	\$66,449.40	11.56
197	12/01/2041	\$1,870.95	\$658.96	\$1,211.99	\$262,814.56	\$65,237.41	11.35
198	01/01/2042	\$1,870.95	\$646.94	\$1,224.01	\$263,461.50	\$64,013.40	11.13

Payment Number	Payment Date	Payment Amount	Interest Portion	Principal Portion	Interest Paid	Remaining Balance	Resulting LTV
199	02/01/2042	\$1,870.95	\$634.80	\$1,236.15	\$264,096.30	\$62,777.25	10.92
200	03/01/2042	\$1,870.95	\$622.54	\$1,248.41	\$264,718.84	\$61,528.84	10.70
201	04/01/2042	\$1,870.95	\$610.16	\$1,260.79	\$265,329.00	\$60,268.05	10.48
202	05/01/2042	\$1,870.95	\$597.66	\$1,273.29	\$265,926.66	\$58,994.76	10.26
203	06/01/2042	\$1,870.95	\$585.03	\$1,285.92	\$266,511.69	\$57,708.84	10.04
204	07/01/2042	\$1,870.95	\$572.28	\$1,298.67	\$267,083.97	\$56,410.17	09.81
205	08/01/2042	\$1,870.95	\$559.40	\$1,311.55	\$267,643.37	\$55,098.62	09.58
206	09/01/2042	\$1,870.95	\$546.39	\$1,324.56	\$268,189.76	\$53,774.06	09.35
207	10/01/2042	\$1,870.95	\$533.26	\$1,337.69	\$268,723.02	\$52,436.37	09.12
208	11/01/2042	\$1,870.95	\$519.99	\$1,350.96	\$269,243.01	\$51,085.41	08.88
209	12/01/2042	\$1,870.95	\$506.60	\$1,364.35	\$269,749.61	\$49,721.06	08.65
210	01/01/2043	\$1,870.95	\$493.07	\$1,377.88	\$270,242.68	\$48,343.18	08.41
211	02/01/2043	\$1,870.95	\$479.40	\$1,391.55	\$270,722.08	\$46,951.63	08.17
212	03/01/2043	\$1,870.95	\$465.60	\$1,405.35	\$271,187.68	\$45,546.28	07.92
213	04/01/2043	\$1,870.95	\$451.67	\$1,419.28	\$271,639.35	\$44,127.00	07.67
214	05/01/2043	\$1,870.95	\$437.59	\$1,433.36	\$272,076.94	\$42,693.64	07.42
215	06/01/2043	\$1,870.95	\$423.38	\$1,447.57	\$272,500.32	\$41,246.07	07.17
216	07/01/2043	\$1,870.95	\$409.02	\$1,461.93	\$272,909.34	\$39,784.14	06.92
217	08/01/2043	\$1,870.95	\$394.53	\$1,476.42	\$273,303.87	\$38,307.72	06.66
218	09/01/2043	\$1,870.95	\$379.88	\$1,491.07	\$273,683.75	\$36,816.65	06.40
219	10/01/2043	\$1,870.95	\$365.10	\$1,505.85	\$274,048.85	\$35,310.80	06.14
220	11/01/2043	\$1,870.95	\$350.17	\$1,520.78	\$274,399.02	\$33,790.02	05.88
221	12/01/2043	\$1,870.95	\$335.08	\$1,535.87	\$274,734.10	\$32,254.15	05.61
222	01/01/2044	\$1,870.95	\$319.85	\$1,551.10	\$275,053.95	\$30,703.05	05.34
223	02/01/2044	\$1,870.95	\$304.47	\$1,566.48	\$275,358.42	\$29,136.57	05.07
224	03/01/2044	\$1,870.95	\$288.94	\$1,582.01	\$275,647.36	\$27,554.56	04.79
225	04/01/2044	\$1,870.95	\$273.25	\$1,597.70	\$275,920.61	\$25,956.86	04.51
226	05/01/2044	\$1,870.95	\$257.41	\$1,613.54	\$276,178.02	\$24,343.32	04.23
227	06/01/2044	\$1,870.95	\$241.40	\$1,629.55	\$276,419.42	\$22,713.77	03.95
228	07/01/2044	\$1,870.95	\$225.24	\$1,645.71	\$276,644.66	\$21,068.06	03.66
229	08/01/2044	\$1,870.95	\$208.92	\$1,662.03	\$276,853.58	\$19,406.03	03.37
230	09/01/2044	\$1,870.95	\$192.44	\$1,678.51	\$277,046.02	\$17,727.52	03.08
231	10/01/2044	\$1,870.95	\$175.80	\$1,695.15	\$277,221.82	\$16,032.37	02.79
232	11/01/2044	\$1,870.95	\$158.99	\$1,711.96	\$277,380.81	\$14,320.41	02.49
233	12/01/2044	\$1,870.95	\$142.01	\$1,728.94	\$277,522.82	\$12,591.47	02.19
234	01/01/2045	\$1,870.95	\$124.87	\$1,746.08	\$277,647.69	\$10,845.39	01.89
235	02/01/2045	\$1,870.95	\$107.55	\$1,763.40	\$277,755.24	\$9,081.99	01.58
236	03/01/2045	\$1,870.95	\$90.06	\$1,780.89	\$277,845.30	\$7,301.10	01.27
237	04/01/2045	\$1,870.95	\$72.40	\$1,798.55	\$277,917.70	\$5,502.55	00.96
238	05/01/2045	\$1,870.95	\$54.57	\$1,816.38	\$277,972.27	\$3,686.17	00.64
239	06/01/2045	\$1,870.95	\$36.55	\$1,834.40	\$278,008.82	\$1,851.77	00.32
240	07/01/2045	\$1,870.13	\$18.36	\$1,851.77	\$278,027.18	\$0.00	00.00

THIS AMORTIZATION SCHEDULE IS BASED ON THE TERMS SET FORTH ABOVE AND ASSUMES THAT PAYMENTS ARE MADE AS SCHEDULED AND THAT NO PREPAYMENTS OCCUR PRIOR TO THE MATURITY DATE OF THE LOAN. IT IS PROVIDED AS AN EXAMPLE ONLY IF IT IS FOR AN ADJUSTABLE RATE MORTGAGE LOAN, IT ASSUMES HYPOTHETICAL INTEREST RATE AND PAYMENT CHANGES THAT MAY DIFFER FROM ACTUAL CHANGES.

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -

NOTICE OF REQUIRED FLOOD INSURANCE DETERMINATION AND RELATED NOTICE INFORMATION

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

Borrower(s): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

We (the Lender) are required by Federal Law and Regulations to make or obtain a determination of whether the home that will secure the loan which you have applied for is or will be located in an area with special flood hazards.

If it is determined that your property is located in a Special Flood Hazard Area (SFHA), either before the closing of your loan or during the term of your loan, you will be notified of the fact and provided with pertinent, related information, including whether the community that your home is located in participates in the National Flood Insurance Program (NFIP).

If flood insurance is required and your home is located in a community that participates in the NFIP:

- You will be required to purchase and maintain flood insurance for the life of the loan either through the NFIP or the company of your choice; (At a minimum, flood insurance purchased must cover the lesser of: (1) the outstanding principal balance of the loan; or (2) the maximum amount of coverage allowed for the type of property under the NFIP);
- You may be required to pay your flood insurance premiums into an escrow account established for that purpose; and
- If you fail to purchase or renew flood insurance on the property, we are required to purchase flood insurance for you at your expense.

If flood insurance is required and your home is located in a community that does **not** participate in the NFIP:

- Flood insurance coverage under the NFIP is not available; and
- You may not be able to obtain certain types of loans or any loan at all on the property.

You understand and agree that if at any time before the closing of your loan or during the term of your loan it is determined that the above property is located in a Special Flood Hazard Area:

- **You must purchase and maintain flood insurance for the term of the loan;**
- **We may require flood insurance premiums to be escrowed under certain circumstances; and**
- **If you fail to purchase and maintain such insurance, we are required to purchase flood insurance for you at your expense.**

Borrower(s) understand and agree to these terms on the **28TH** day of **MAY, 2025**.

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -

Request for Taxpayer
Identification Number and Certification
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) DAVID KEITH DOLAN	2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
5 Address (number, street, and apt. or suite no.). See instructions. 3359 CROWELL LN	Requester's name and address (optional) SPRING EQ, LLC 1 WEST ELM ST. SUITE 450 CONSHOHOCKEN, PA 19428-4152	
6 City, state, and ZIP code MOUNT PLEASANT, SC 29466-7618 US		
7 List account number(s) here (optional) 3000239882		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
032-60-4173
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person

Date **MAY 28, 2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441-1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

- Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

- Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

- Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

- Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

- Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification: P = Partnership,
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

***Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

****** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

Request for Taxpayer
Identification Number and Certification
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) LISA FRANCES DOLAN	2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
5 Address (number, street, and apt. or suite no.). See instructions. 3359 CROWELL LN	Requester's name and address (optional) SPRING EQ, LLC 1 WEST ELM ST. SUITE 450 CONSHOHOCKEN, PA 19428-4152	
6 City, state, and ZIP code MOUNT PLEASANT, SC 29466-7618 US		
7 List account number(s) here (optional) 3000239882		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
011-56-9644
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here
Signature of
U.S. person

Date **MAY 28, 2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441-1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

- Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

- Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

- Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

- Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

- Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification: P = Partnership,
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

***Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

****** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

ERRORS AND OMISSIONS / COMPLIANCE AGREEMENT

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

BORROWER(S): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

PROPERTY ADDRESS: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

LENDER: **SPRING EQ, LLC**

The undersigned Borrower(s) for and in consideration of the above-referenced Lender funding the closing of this loan agrees, if requested by Lender or Closing Agent for Lender, to fully cooperate and adjust for clerical errors, any or all loan closing documentation if deemed necessary or desirable in the reasonable discretion of Lender to enable Lender to sell, convey, seek guaranty or market said loan to any entity, including but not limited to an investor, Federal National Mortgage Association, Federal Home Loan Mortgage Corporation, Government National Mortgage Association, Federal Housing Authority or the Department of Veterans Affairs, or any Municipal Bonding Authority.

The undersigned Borrower(s) agree(s) to comply with all above noted requests by the above-referenced Lender within 30 days from date of mailing of said requests. Borrower(s) agree(s) to assume all costs including, by way of illustration and not limitation, actual expenses, legal fees and marketing losses for failing to comply with correction requests in the above noted time period, unless prohibited by applicable law.

The undersigned Borrower(s) do hereby so agree and covenant in order to assure that this loan documentation executed this date will conform and be acceptable in the marketplace in the instance of transfer, sale or conveyance by Lender of its interest in and to said loan documentation, and to assure marketable title in the said Borrower(s).

DATED this **28TH** day of **MAY, 2025**.

- BORROWER - **LISA FRANCES DOLAN** - DATE -

- BORROWER - **DAVID KEITH DOLAN** - DATE -

State of **SOUTH CAROLINA**
County of **CHARLESTON**

The foregoing instrument was acknowledged before me this _____ day of _____ by **LISA FRANCES DOLAN** and **DAVID KEITH DOLAN**.

Notary Public

My Commission Expires: _____

Tax and Insurance Information Sheet

CLOSING DATE: **MAY 28, 2025**

BORROWER(S): **LISA FRANCES DOLAN**
DAVID KEITH DOLAN

DOLAN
Loan #: 3000239882
PIN: 5830700107
MIN: 101369830002398825

PROPERTY ADDRESS: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

SHORT LEGAL:

NEW CONSTRUCTION

EXISTING HOUSING

1. TITLE COMPANY NAME: **SERVICELINK, LLC D/B/A SERVICELINK TITLE COMPANY, LLC**
Attn: **VICKY PALMER**
Address: **1355 CHERRINGTON PARKWAY, CORAOPOLIS, PA 15108**
Phone #: **(877) 848-8122** Escrow #: **2003389992**
2. COUNTY TAXES:
Address:
Phone #:
How Paid: Annual Semi-Annual Quarterly
Amount Last Paid:
Amount Next Due:
Parcel #:
Date Paid:
Next Due Date:
Date Taxes Delinquent:
3. CITY TAXES:
Address:
Phone #:
How Paid: Annual Semi-Annual Quarterly
Amount Last Paid:
Amount Next Due:
Parcel #:
Date Paid:
Next Due Date:
Date Taxes Delinquent:
4. SCHOOL TAXES:
Address:
Phone #:
How Paid: Annual Semi-Annual Quarterly
Amount Last Paid:
Amount Next Due:
Parcel #:
Date Paid:
Next Due Date:
Date Taxes Delinquent:
5. OTHER: **PROPERTY TAX ESCROW**
Address:
Phone #:
How Paid: Annual Semi-Annual Quarterly
Amount Last Paid:
Amount Next Due:
Parcel #: **5830700107**
Date Paid:
Next Due Date:
Date Taxes Delinquent:
6. FLOOD INSURANCE:
Address:
Phone #:
Coverage Amount:
Renewal Date:
Agent:
Premium:
Policy No:
7. HAZARD INSURANCE:
Address:
Phone #:
Coverage Amount:
Renewal Date:
Agent:
Premium:
Policy No:
8. WIND/STORM/HAIL INSURANCE:
Address:
Phone #:
Coverage Amount:
Renewal Date:
Agent:
Premium:
Policy No:
9. OTHER INSURANCE: **HOMEOWNER'S INSURANCE**
Address:
Phone #:
Coverage Amount:
Renewal Date:
Agent:
Premium: **\$2,138.16**
Policy No:

Sign Up For Autopay

1 Borrowers Authorization for Autopay

LISA FRANCES DOLAN authorize Spring EQ, LLC and its successors, assigns and subservicers to initiate debit entries from my bank account as selected below for payment of my mortgage and if necessary, to initiate debits or credit adjustments to the same account for any entries made in error.

YES. NO. I will be responsible for ensuring manual payments arrive on or before my monthly due date of the first of the month starting
AUGUST 1, 2025

2 Choose the Day

For my first and monthly payments, I wish to have my payments debited to my account on the following day of the month:

1st 3rd 5th

3 Provide Bank and Account Information

Account Type: Checking Savings

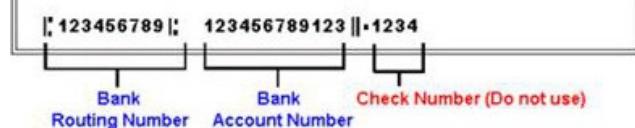
Name on Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

How To Find Your Routing and Account Numbers:



Payment Amount Due: \$1,870.95

4 Confirm Your Information

If not correct, please call 888-910-6311 for assistance

Property Address: 3359 CROWELL LN

Phone Number: (617) 529-1023

City, State, Zip: MOUNT PLEASANT, SC 29466-7618

Email: DOLAND@MUSC.EDU

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking or savings account. The funds will be drafted on or after the day you selected, and in any case your payment will be considered on time assuming sufficient funds are available in your bank account. You will be charged the amount indicated above. The amount shown above reflects your first payment. If your regular payment amount is subject to change, such as in the case of a Home Equity Line of Credit, the minimum amount due will be reflected on your monthly mortgage statement, and that amount will be deducted from your account. Your payments will be reflected on your next month's statement and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case, you will receive notice from us at least 10 days prior to the payment being processed.

05/28/2025

- BORROWER - LISA FRANCES DOLAN

- DATE -

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Spring EQ, LLC, or my current servicer in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date at the address listed above. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Spring EQ, LLC or my current servicer may at its discretion attempt to process the charge again within 30 days and agree to an additional charge up to \$29.99, or as limited by law, for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I agree not to dispute the recurring billing with my bank so long as the transactions correspond to the terms indicated in the authorization form.

Coversheet

for

Form SSA-89

(Authorization for the Social Security Administration (SSA) To Release
Social Security Number (SSN) Verification)

Note: This document is included solely for the purpose of providing technical annotations for Form SSA-89, and should not be considered to be part of Form SSA-89, nor should this Coversheet be submitted to the Social Security Administration as part of Form SSA-89.

The instructions for completing Form SSA-89 require an individual Form SSA-89 be completed for each "Reason for authoring consent" marked by the SSN holder. The instructions also require the SSN holder have an opportunity to review or correct any "auto-populated" information prior to signing. This form has been completed based on data provided by the lenders loan origination system and cannot be altered and additional copies cannot be generated to allow for multiple consent reasons. Should additional reasons need to be added, or if the SSN holder requests to modify language on the form, the lender will need to establish a manual process to accommodate these changes.

Consent to E-Sign Form SSA-89

By clicking the I ACCEPT button, you are signing the consent for SSA to disclose your SSN verification to SPRING EQ, LLC. You agree that your electronic signature has the same legal meaning, validity and effect as your handwritten signature.

I ACCEPT

I DECLINE

1 page to follow.

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name: DAVID KEITH DOLAN	Date of Birth: 01/02/1969	Social Security Number: 032-60-4173
---	-------------------------------------	---

Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name: **SPRING EQ, LLC**

Company Address: **1 WEST ELM ST. SUITE 450, CONSHOHOCKEN, PA 19428-4152**

The name and address of the Company's Agent (if applicable):

Agent's Name: **NCS**

Agent's Address: **245 BELLEVUE AVE, HAMMONTON, NJ 08037**

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). We may also share your information for the following purposes, called routine uses: - To contractors and other Federal agencies, as necessary, to assist us in efficiently administering our programs; and - To student volunteers, persons working under a personal services contract, and others, when they need access to information in our records in order to perform their assigned agency duties. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

TEAR OFF

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

Coversheet

for

Form SSA-89

(Authorization for the Social Security Administration (SSA) To Release
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I ACCEPT

I DECLINE

1 page to follow.

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name: LISA FRANCES DOLAN	Date of Birth: 01/08/1969	Social Security Number: 011-56-9644
--	-------------------------------------	---

Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name: **SPRING EQ, LLC**

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Agent's Address: **245 BELLEVUE AVE, HAMMONTON, NJ 08037**

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This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

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IMPORTANT NOTICE

SHELLPOINT MORTGAGE SERVICING NAMED AS SERVICER

Spring EQ Loan #: **3000239882**

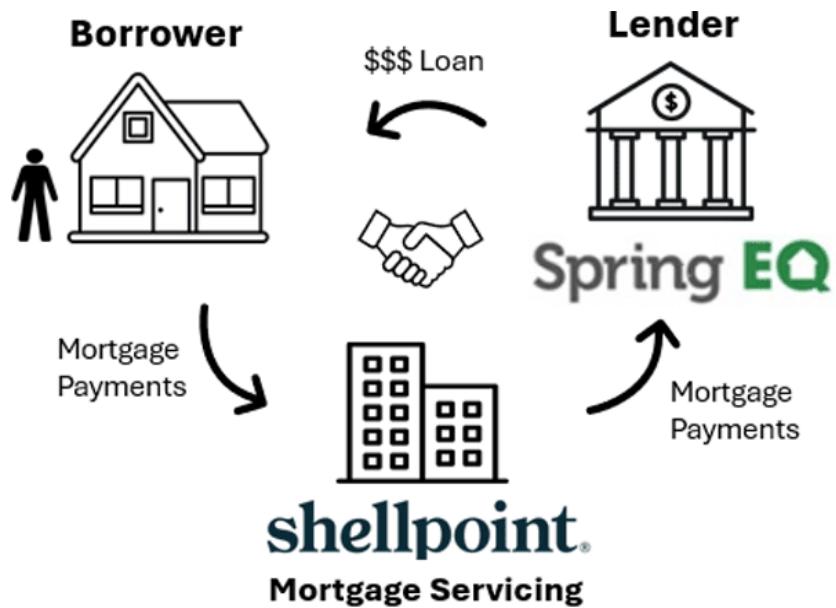
Borrowers: **LISA FRANCES DOLAN and DAVID KEITH DOLAN**

Property Address: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

Lender: **Spring EQ**

Servicer: **Shellpoint Mortgage Servicing**

While your loan was originated by **Spring EQ**, your mortgage payments, advances, and monthly statements will be managed by our trusted partner, **Shellpoint Mortgage Servicing**.



Your first payment is due **AUGUST 1, 2025** to **Shellpoint Mortgage Servicing**.

Customer Care	1-800-365-7107
Hours of operation	Monday - Friday: 8 a.m. - 9 p.m. EDT Saturday: 10 a.m. - 2 p.m. EDT
Payment Address	Shellpoint Mortgage Servicing P.O. Box 650840 Dallas, TX 75265-0840
Correspondence Address	Shellpoint Mortgage Servicing PO Box 10826 Greenville, SC 29603-0826
Website	shellpointmtg.com
Welcome Packet	Approximately 2 weeks from funding

Billing Statement (Mailed date)	14 days before 1 st payment due
---------------------------------	--

- BORROWER - LISA FRANCES DOLAN - DATE -

- BORROWER - DAVID KEITH DOLAN - DATE -



DOLAN
Loan #: 3000239882
MIN: 101369830002398825

CONSENT TO TEXT USAGE

While your loan was originated by **Spring EQ**, your mortgage payments, advances, and monthly statements will be managed by our trusted partner, **Shellpoint Mortgage Servicing**.

To ensure that we have the correct contact information for servicing your loan, please review the information below. Please confirm your consent to allow us to contact you via text message, email and by use of an auto-dialer.

In this document: "We", "us", "our" and "Newrez" means Newrez LLC d/b/a Shellpoint Mortgage Servicing. "You" and "your" means the person giving this consent.

By signing below, you consent to our collection of your information and expressly grant Newrez permission to contact you regarding products and services provided by us and regarding your account, now and in the future, at the telephone number(s) below, including your mobile phone number. You also consent to allow us to contact you via automated text messaging. Standard data and text messaging rates may apply. You understand that your consent is not required as a condition to purchasing any good or service and that you can decline or revoke your consent at any time.

Borrower: **LISA FRANCES DOLAN**

Cell Phone Number:	
Home Phone Number:	
Signature:	
Name (Printed)	
Date:	

Co-Borrower: **DAVID KEITH DOLAN**

Cell Phone Number:	
Home Phone Number:	
Signature:	
Name (Printed)	
Date:	

ALLONGE TO NOTE

DOLAN
Loan #: 3000239882
MIN: 101369830002398825

ALLONGE TO NOTE DATED **MAY 28, 2025**, IN THE AMOUNT OF **\$171,000.00**
IN FAVOR OF **SPRING EQ, LLC** AND EXECUTED BY **LISA FRANCES DOLAN** and **DAVID KEITH DOLAN**

PROPERTY ADDRESS: **3359 CROWELL LN, MOUNT PLEASANT, SC 29466-7618**

PAY TO THE ORDER OF

WITHOUT RE COURSE ON **MAY 28, 2025**.

BY: **SPRING EQ, LLC**
1 WEST ELM ST. SUITE 450
CONSHOHOCKEN, PA 19428-4152

NAME:

TITLE: _____



Monday - Friday: 8:00AM-9:00PM ET
Saturday: 10:00AM-2:00PM ET
PHONE NUMBER: 800-365-7107
FAX NUMBER: 866-467-1137
E-MAIL: loanservicing@shellpointmtg.com

May 05, 2025

Dolan, Lisa
3359 Crowell Ln
Mount Pleasant, SC 29466

Payoff figures have been requested on the loan for the borrower and property described below.

Loan ID: 0691924401
Lisa Dolan
3359 Crowell Ln
Mount Pleasant, SC 29466
Loan Type: HELOC

When remitting funds, please use our loan number to ensure proper posting and provide us with the borrower's forwarding address. Funds received in this office after 3:00 pm Eastern Time will be processed on the next business day, with interest charged to that date.

This payoff quote is effective 5/31/2025 and is good through 5/31/2025. Any transactions that occur on or after the effective date may change the payoff amount.

Projected Payoff Date	5/31/2025
Principal Balance	\$72,411.35
Interest To 5/31/2025	\$1,588.08
Fees	\$22.50
Prepayment Penalty	\$0.00
Release Fees	\$10.00
Funds owed by borrower	\$0.00
Funds owed to borrower	\$0.00
Total Payoff	\$74,031.93
Per diem	\$18.90

The next payment due date is 5/1/2025. Payments are made by Billing on a monthly basis. The interest rate for this payment is 9.52500% and the P & I payment is \$680.71.

PLEASE CALL THE NUMBER LISTED ON THIS FORM TO UPDATE FIGURES PRIOR TO REMITTING FUNDS AS THEY ARE SUBJECT TO CHANGE WITHOUT NOTICE.

Mailing Address
Shellpoint Mortgage Servicing
75 Beattie Place
Suite LL202
Greenville, SC 29601



Monday - Friday: 8:00AM-9:00PM ET
Saturday: 10:00AM-2:00PM ET
PHONE NUMBER: 800-365-7107
FAX NUMBER: 866-467-1137
E-MAIL: loanservicing@shellpointmtg.com

If you are paying off the loan and would like to close your Home Equity Line of Credit (HELOC), please complete the signed authorization agreement included with this letter and send it to loanservicing@shellpointmtg.com or mail it to:

Shellpoint Mortgage Servicing
75 Beattie Place
Suite LL202
Greenville, SC 29601

Payoff Policy Details:

1. When remitting funds, please use our loan number to ensure proper posting and provide us with the borrower's forwarding address .
2. Payoff funds are accepted Monday through Friday, excluding federal holidays, and will be effective same day if received by 3pm EST .
3. Continue making your monthly payments until you send us the amount needed to pay off your mortgage to avoid late charges or adverse credit reporting .
 - a. If you currently have your monthly payment set up on automatic withdrawal (ACH), or have any pending payments set up, drafting will continue until the loan is paid in full, at which time future drafts will automatically be cancelled .
4. **If you are due for a refund, that refund will be issued by check on day 20 after the date the loan is paid in full .**
 - a. Any refunds will be sent to the mailing address we have on record for this account . If your mailing address is changing, you must contact us to provide a new address .
5. The payoff total quoted above is valid through the stated good through date . Any transactions that occur on or after the issue date of this payoff statement may change the total payoff amount .
6. The payoff amount is subject to our final verification once we receive the payoff funds . We reserve the right, except where prohibited, to correct any portion of this statement at any time .
7. **If the amount we receive is insufficient to pay off this loan, we may use funds in the escrow balance to cover the short payoff .**
8. We will pay all escrowed items, including hazard and flood insurance and taxes, from your escrow account as normally scheduled up to the date we receive the payoff funds .
 - a. You or your closing agent (if applicable) will need to request a refund from the appropriate tax authority or insurance company for any duplicate tax or insurance payments .
 - b. Any existing lender-placed property insurance premium will be cancelled upon account payoff, and any related unearned premiums will be refunded .
9. Once the loan is paid in full, the appropriate security instrument will be released as follows :
 - a. Real Property: a Release is recorded with your county and a copy will be sent to you once returned from the county, usually within 30-90 days, dependent upon state/county processing times .
 - b. Personal Property: a Title Lien Cancellation or UCC3 Termination will be sent to the mailing address we have on record for this account within 30-90 days .

IMPORTANT: Update Your Mailing Address for Tax Documentation

"To ensure timely delivery of your tax documents related to your mortgage, please verify, and update your mailing address in your online account. To do so, sign into your account at myaccount.shellpointmtg.com and go to your dashboard. Then, click on the "down" arrow beside your profile icon and select My Profile. Here you can update your address and phone number. We encourage you to update your personal information whenever anything changes."



Monday - Friday: 8:00AM-9:00PM ET

Saturday: 10:00AM-2:00PM ET

PHONE NUMBER: 800-365-7107

FAX NUMBER: 866-467-1137

E-MAIL: loanservicing@shellpointmtg.com

Wiring Instructions - * You must include the "Reference" information listed below if wiring funds *

Bank Name: Citibank N.A.
ABA Number: 021000089
Account Number: 31354717
Account Name: Shellpoint Mortgage Servicing
Reference: 0691924401 / Dolan

**"BEWARE OF SCAMS - WE WILL NEVER ASK YOU TO USE DIFFERENT WIRING INSTRUCTIONS
- IF YOU RECEIVE ANY REQUEST TO USE INSTRUCTIONS DIFFERENT THAN THESE PLEASE
CALL THE TELEPHONE NUMBER LISTED AT THE TOP THIS FORM TO CONFIRM NEXT STEPS ."**

Lisa Dolan - Loan ID #0691924401

FEE DETAILS

<u>Description</u>	<u>Amount</u>
Lien Releaset Fee - Trustee/LR Preperation Fee	\$22.50
	<hr/> \$22.50



Monday - Friday: 8:00AM-9:00PM ET
Saturday: 10:00AM-2:00PM ET
PHONE NUMBER: 800-365-7107
FAX NUMBER: 866-467-1137
E-MAIL: loanservicing@shellpointmtg.com

Please read the following important notices as they may affect your rights.

Newrez LLC dba Shellpoint Mortgage Servicing is a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. Newrez LLC dba Shellpoint Mortgage Servicing's NMLS ID is 3013.

If you are a customer in bankruptcy or a customer who has received a bankruptcy discharge of this debt: please be advised that this notice is to advise you of the status of your mortgage loan. This notice constitutes neither a demand for payment nor a notice of personal liability to any recipient hereof, who might have received a discharge of such debt in accordance with applicable bankruptcy laws or who might be subject to the automatic stay of Section 362 of the United States Bankruptcy Code.

Attention Servicemembers and Dependents: The federal Servicemembers Civil Relief Act and certain state laws provide important protections for you, including interest rate protections and prohibiting foreclosure under most circumstances during and twelve months after the servicemember's military or other service. Counseling for covered servicemembers is available from Military OneSource (800-342-9647) and the United States Armed Forces Legal Assistance or other similar agencies. For more information, please visit the Military OneSource website www.militaryonesource.mil/.

Notice of Error or Information Request Address

You have certain rights under Federal law related to resolving errors in the servicing of your loan and requesting information about your loan. If you want to request information about your loan or if you believe an error has occurred in the servicing of your loan and would like to submit an Error Resolution or Informational Request, please write to us. Additionally, if you believe we have furnished inaccurate information to credit reporting agencies, please write to us with specific details regarding those errors and any supporting documentation that you have and we will assist you. Error Resolution, including concerns of inaccurate information sent to credit reporting agencies, or requests for information should be sent to the following address:

Shellpoint Mortgage Servicing
P.O. Box 10826
Greenville, SC 29603

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

A successor in interest is someone who acquires an ownership interest in a property secured by a mortgage loan by transfer upon the death of a relative, as a result of a divorce or legal separation, through certain trusts, between spouses, from a parent to a child, or when a borrower who is a joint tenant or tenant by the entirety dies. If you are a successor in interest, or you think you might be, please contact by phone, mail or email to start the confirmation process.

Our system of record has your preferred language as English.

If you prefer to receive communication in a language other than English, please contact us at 800-365-7107 to speak with a translator in your preferred language about the servicing of your loan or a document you received.

Si prefiere recibir las comunicaciones en otro idioma que no sea el inglés, por favor, contáctenos en el 800-365-7107 para hablar con un traductor en el idioma de su preferencia sobre la gestión de su préstamo o cualquier documento que haya recibido.

如果您要使用英语以外的其他语言进行交流，请致电 800-365-7107，我们将根据您首选的语言安排相应的译员，与您就贷款服务事项或您所接收的文件进行商讨。

Please note that we operate as Newrez Mortgage LLC dba Shellpoint Mortgage Servicing in Arkansas and Texas.



Monday - Friday: 8:00AM-9:00PM ET
Saturday: 10:00AM-2:00PM ET
PHONE NUMBER: 800-365-7107
FAX NUMBER: 866-467-1137
E-MAIL: loanservicing@shellpointmtg.com

May 05, 2025

Lisa Dolan
3359 Crowell Ln
Mount Pleasant, SC 29466

Loan Number: 0691924401
Property Address: 3359 Crowell Ln
Mount Pleasant, SC 29466

**Please complete and return the included authorization agreement
so we can close your Home Equity Line of Credit.**

Dear Homeowner(s):

You recently requested that we close your Home Equity Line of Credit (HELOC), but we need a signed authorization agreement from you to complete this task. **Please complete the authorization agreement** included with this letter and send it to loanservicing@shellpointmtg.com or mail it to:

Shellpoint Mortgage Servicing
75 Beattie Place
Suite LL202
Greenville, SC 29601

We will close the line of credit after we receive your signed authorization form.

We're here to help. It's our privilege to be your mortgage servicer, and we're committed to providing you with the best possible service. If you have any questions or need assistance, please contact our Customer Care Team at **800-365-7107**.

¿Hablas español? Esta carta contiene información importante sobre su préstamo hipotecario. Si usted no entiende el contenido de esta carta, por favor contacte a uno de nuestros representantes que hablan español al número 800-365-7107.

Sincerely,
Customer Care Team
Shellpoint Mortgage Servicing



Monday - Friday: 8:00AM-9:00PM ET
Saturday: 10:00AM-2:00PM ET
PHONE NUMBER: 800-365-7107
FAX NUMBER: 866-467-1137
E-MAIL: loanservicing@shellpointmtg.com

AUTHORIZATION TO CLOSE LINE OF CREDIT

I/We agree that the line of credit account mentioned below is to be closed upon the bank's receipt and processing of this signed authorization.

I/We also understand that the right to obtain advances is terminated and no further checks or automatic deductions will be honored or applied to the line of credit.

This letter does not relieve me/us from any liability for any unpaid balance that I/we owe on the line of credit, including any balances that may result from the reversing of prior payments, preauthorized transactions made after the closing has been processed, or checks paid prior to closing.

Account Number: 0691924401

Signature: _____

Date: _____

Lisa Dolan

Signature: _____

Date: _____

Change Requested By (Print Name): _____ **Date Requested:** _____

Shellpoint Mortgage Servicing
75 Beattie Place
Suite LL202
Greenville, SC 29601

CLOSE OUT LETTER

Lender: Shellpoint

Account holder: David Keith Dolan and Lisa Frances Dolan

Account#: 0691924401

To Whom It May Concern:

I/We, David Keith Dolan and Lisa Frances Dolan, request that you, Shellpoint accept the enclosed check in the amount of 74220.93 as payment in full on the above referenced account, said Line of Credit/HELOC is the only account I/we hold against the above referenced property.

I/We have not taken any draws or advances against this account since the time the payoff letter was issued, 05/05/2025.

I/We, the parties responsible for repayment of above referenced mortgage, agree to indemnify and hold ServiceLink harmless if any additional draws or funds are due in order this account be paid/close. Upon verbal notification from ServiceLink that additional funds are needed, we are agreeable to sign a revised settlement statement and immediately send ServiceLink or the Lender the check needed to cover any shortage.

By acceptance of this check you agree to make no further advances on this account.

Please close our account and release the Mortgage/Deed of Trust that is currently recorded in the land records of the county where the property is located. Our written direction to close in this account is not reversible by us as ServiceLink is relying upon this letter to insure our closing transaction.

Thank you for your consideration in this matter. Should you have any questions regarding the acceptability of this letter please contact ServiceLink at .

Lisa Frances Dolan

David Keith Dolan

Order No.: 2003389992

**LEGAL DESCRIPTION
EXHIBIT "A"**

The following described property:

SITUATED IN THE COUNTY OF CHARLESTON AND STATE OF SOUTH CAROLINA.

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND, TOGETHER WITH ANY IMPROVEMENTS THEREON, SITUATE, LYING AND BEING IN THE TOWN OF MT. PLEASANT, COUNTY OF CHARLESTON, STATE OF SOUTH CAROLINA, KNOWN AND DESIGNATED AS LOT 78, PHASE VI, TRACE E, COTTON CREEK AT PLANTER'S POINTE AS SHOWN ON THAT CERTAIN PLAT OF SOUTHEASTERN SURVEYING, INC., DATED OCTOBER 5, 2000, ENTITLED "A FINAL SUBDIVISION PLAT OF COTTON CREEK, PHASE VI, TRACT E, PLANTER'S POINTE, OWNED BY D.R. HORTON, LOCATED IN THE TOWN OF MOUNT PLEASANT, CHARLESTON COUNTY, SOUTH CAROLINA" RECORDED IN PLAT BOOK EE AT PAGE 618 ON FEBRUARY 22, 2001 IN THE RMC OFFICE FOR CHARLESTON COUNTY. SAID LOT HAVING SUCH SIZE, SHAPE, DIMENSIONS, BUTTINGS AND BOUNDINGS AS WILL BY REFERENCE TO SAID PLAT MORE FULLY APPEAR.

BEING THE SAME PROPERTY CONVEYED TO LISA FRANCES DOLAN AND DAVID KEITH DOLAN, AS JOINT TENANTS WITH THE RIGHT OF SURVIVORSHIP FROM 3359 CROWELL LANE, LLC, DATED 09/16/2021, RECORDED 09/20/2021, DEED BOOK 1034, PAGE 621, COUNTY OF CHARLESTON, STATE OF SOUTH CAROLINA.

Assessor's Parcel No: 5830700107



LOAN PROCEEDS DELIVERY INSTRUCTIONS

Congratulations on your new Spring EQloan. Upon receipt of funds from the lender and approval to disburse, ServiceLink Title Company, LLC will be disbursing the proceeds of your loan. Should you be receiving cash back from your closing and those funds are in excess of \$2,500.00 you may elect to receive either a check which will be sent via overnight express delivery, or a wire directly into your bank account. Funds between \$500.01 and \$2,500.00 will be sent via overnight express delivery. Any funds up to and including \$500.00 will be sent regular mail.

If you're expecting funds in excess of \$2,500.00 from your closing, choose the disbursement option below that best suits your needs.

Cash Out Options:

____ Proceeds over \$2,500.00 to be sent via overnight courier (UPS or FedEx) to the property address. (Checks will arrive the day after funds are received from the lender).

If you prefer to receive the checks at an address different than the address of the property being mortgaged, please provide the address. Please note that we cannot overnight checks to a P.O. Box:

____ Proceeds over \$2,500.00 to be wired to your financial institution. Please be aware that your financial institution may assess a fee to the account holder for any incoming wire. Please provide the account information for which the wire is to be sent below or you may attach a voided check.

Note: In order for the funds to be wired, all parties shown on the Settlement Statement must also be listed on the account to which the funds will be wired.

Bank Name: _____

Name(s) on the Account: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: _____

If funds are to be wired to a Credit Union, please contact the Credit Union to confirm the wiring instructions. Often times Credit Unions will utilize a larger financial institution to process the wire. Thus confirmation of the wiring information will prevent any delay to the funds being credited to the actual account.

Payment of Non-Secured Debts:

Unless otherwise directed by your lender, ServiceLink Title Company, LLC will make all checks for non-secured debts, i.e. credit cards, car loans, payable to the creditor and sent directly to you for delivery to the creditor. All checks should be sent immediately, along with a copy of the most recent statement, to the creditor.

Signature: _____ Signature: _____

Date: _____ Date: _____

Real Estate Closing Disclosure Form

David Keith Dolan and Lisa Frances Dolan, whose signature(s) appears below, acknowledges that the law firm which is closing the instant real estate closing transaction also represents the lender in this transaction, and David Keith Dolan and Lisa Frances Dolan expressly consents to joint representation for this purpose. It is understood and agreed that law firm's representation is limited to reviewing and approving the content of the legal documents, supervising execution of the documents related to the transaction, supervising the disbursement of applicable loan proceeds from this transaction, and supervising the recording of certain documents from the closing to complete the transaction and secure the lender's interest in the mortgage.

I/we understand that the law firm's representation is limited to the matters stated, and the law firm has not represented me/us in connection with the decision to enter the loan transaction. I/we understand that law firm also represents the lender in this transaction.

I/We understand that an attorney from the law firm will be present at the time of the execution of the closing documents and that s/he will explain the legal effect of the documents and answer any questions that I/we have regarding the matter. The lawyer will identify her/himself to me/us and will speak directly to me/us regarding the documents and any questions that arise.

I/We understand that I/We have the right to choose my/our own attorney to represent me/us throughout the transaction regardless of any preference a seller, lender, title company, real estate agent, broker, or other person may have.

This _____ day of _____, 20____

David Keith Dolan and Lisa Frances Dolan:

ACKNOWLEDGEMENT

State of _____

County of _____

On _____, 20____ before me, _____, a notary public, personally appeared

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Signature _____ (Seal)

Printed Name _____

Commission Expires_____

ACKNOWLEDGEMENT

State of _____

County of _____

On _____, 20____ before me, _____, a notary public, personally appeared

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Signature _____ (Seal)

Printed Name _____

Commission Expires_____



1355 Cherrington Parkway, Moon PA 15108

Re: Unsecured Third-Party Creditor Checks

Thank you for using ServiceLink for the closing of your transaction with Spring EQ, ISAOA. Enclosed please find your creditor check(s) that your lender has required be used to pay off certain accounts. **Please note: Creditor check(s) expire after 90 days and therefore it is important that you take action as soon as possible.**

To ensure your payment is applied properly and in a timely manner, please write your creditor's account number on each creditor's check and include a copy of your statement when mailing to the creditor. The enclosed check(s) do not require your endorsement and **cannot** be processed electronically. We recommend mailing these funds certified mail to the payment address provided on your statement so you will have tracking if the creditor advises they didn't receive the funds however, this is not necessary only a suggestion.

Please DO NOT try to process this/these checks electronically

Any delay in forwarding the enclosed check(s) to the creditor(s) may result in additional interest charges and/or cause the account to become past due.

All creditor checks are issued according to the parties listed on your lender's closing instructions. If you believe the check was issued incorrectly and prevents you from making the payment please contact us immediately.

If you have any questions or concerns, please contact us at 877-848-8122.

Thank you,

ServiceLink



LENDER: Spring EQ

BORROWER(S): David Keith Dolan and Lisa Frances Dolan

PROPERTY ADDRESS: 3359 Crowell Ln, Mount Pleasant, SC 29466-7618

LOAN NO: 3000239882

ERROR AND OMISSIONS / COMPLIANCE AGREEMENT

STATE OF SC

COUNTY OF CHARLESTON

The undersigned borrower(s) for and in consideration of the above-referenced Lender funding the closing of this loan agrees, if requested by the Lender or Closing Agent for the Lender, to fully cooperate and adjust for clerical errors, any or all loan closing documentation if deemed necessary or desirable in the reasonable discretion of the Lender to enable the Lender to sell, convey, seek guaranty of market said loan to any entity, including but not limited to an investor, Federal National Mortgage Association, Federal Home Mortgage Corporation, Government National Mortgage Association, Federal Housing Authority or the Department of Veterans Affairs, or any Municipal Bonding Authority.

The undersigned borrower(s) agree(s) to comply with all above noted requests by the above-referenced Lender/Closing Agent within 30 days from the date of mailing of said requests. Borrower(s) agree(s) to assume all costs including, by way of illustration and not limitation, actual expenses, legal fees and marketing losses for failing to comply with correction requests in the above noted time period.

The undersigned borrower(s) do hereby so agree and covenant in order to assure that this loan documentation executed this date will conform and be acceptable in the marketplace in the instance of transfer, sale or conveyance by the Lender of its interest in and to said loan documentation, and to assure marketable title in the said borrower(s).

DATED: _____

Lisa Frances Dolan

David Keith Dolan

Sworn and subscribed to before me, by the above-named Mortgagor(s)/Trustor(s)/Borrower(s), on _____
DATE

Notary Signature: _____

(Notary Seal)