

REGIONS BANK D/B/A REGIONS MORTGAGE ADDRESS CERTIFICATION

Borrower(s): **Michael Richard Hilfer**

Date: **May 19, 2025**

I hereby certify that the property address below is correct and the mailing address indicated is where I(we) wish to receive correspondence regarding this loan.

The complete PROPERTY STREET ADDRESS is as follows:

150 DARLINGTON AVE

CHARLESTON, SC 29403-3210

The complete MAILING ADDRESS at which correspondence should be sent is as follows:

150 Darlington Ave

Charleston, SC 29403

If the mailing address indicated is not correct, indicate correct address here:

NOTE: All correspondence will be sent to this mailing address until Regions Mortgage is otherwise notified in writing.

Certified by Mortgagors:

Borrower

*5/21/25*
Michael Richard Hilfer Date

Certified by Agent/Attorney:



Request for Transcript of Tax Return IRS 4506C IVES - 1040 Michael Richard Hilfer

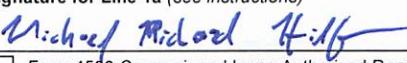
**Please include the coversheet with the associated document for proper processing, when
document return is requested.**



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 i. First name Michael ii. Middle initial R iii. Last name/BMF company name Hilfer			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers) i. Spouse's first name ii. Middle initial iii. Spouse's last name			
1b. First taxpayer identification number (see instructions) 537-96-7719			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)			
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a			
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.) 150 Darlington Ave			b. City Charleston	c. State SC	d. ZIP code 29403	
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 DataVerify			ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.) 250 E. Broad St., Suite 2100			v. City Columbus	vi. State OH	vii. ZIP code 43215	
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 Regions Bank			ii. Telephone number (601)554-2924			
iii. Street address (including apt., room, or suite no.) 2050 Parkway Office Circle			iv. City Birmingham	v. State AL	vi. ZIP code 35244	
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 <input checked="" type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>		
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>						
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 <input type="checkbox"/> Line 2a <input type="checkbox"/>						
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 12 / 31 / 2022 / /						
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.						
<input checked="" type="checkbox"/> 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 5/21/25	Phone number of taxpayer on line 1a or 2a (206)941-8260	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed		
	Print/Type name Michael Richard Hilfer					
	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.

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.

Request for Transcript of Tax Return IRS 4506C IVES - W2 Form(s) Michael Richard Hilfer

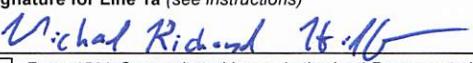
**Please include the coversheet with the associated document for proper processing, when
document return is requested.**



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 i. First name Michael ii. Middle initial R iii. Last name/BMF company name Hilfer			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers) i. Spouse's first name _____ ii. Middle initial _____ iii. Spouse's last name _____			
1b. First taxpayer identification number (see instructions) 537-96-7719			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)			
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a			
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.) 150 Darlington Ave			b. City Charleston	c. State SC	d. ZIP code 29403	
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 DataVerify			ii. IVES participant ID number _____	iii. SOR mailbox ID _____		
iv. Street address (including apt., room, or suite no.) 250 E. Broad St., Suite 2100			v. City Columbus	vi. State OH	vii. ZIP code 43215	
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 Regions Bank			ii. Telephone number (601)554-2924			
iii. Street address (including apt., room, or suite no.) 2050 Parkway Office Circle			iv. City Birmingham	v. State AL	vi. ZIP code 35244	
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						
a. Return Transcript <input type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>		
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input checked="" type="checkbox"/>						
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent. W2 Form(s)						
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 <input checked="" type="checkbox"/> Line 2a <input type="checkbox"/>						
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 12 / 31 / 2022 / /						
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.						
<input checked="" type="checkbox"/> 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 5/21/25	Phone number of taxpayer on line 1a or 2a (206)941-8260	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed		
	Print/Type name Michael Richard Hilfer					
	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.

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.

Request for Transcript of Tax Return IRS 4506C IVES - 1099 Michael Richard Hilfer

**Please include the coversheet with the associated document for proper processing, when
document return is requested.**



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 (<i>if joint return and transcripts are requested for both taxpayers</i>)		
i. First name Michael	ii. Middle initial R	iii. Last name/BMF company name Hilfer	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (<i>see instructions</i>) 537-96-7719			2b. Spouse's taxpayer identification number (<i>if joint return and transcripts are requested for both taxpayers</i>)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (<i>including apt., room, or suite no.</i>), city, state, and ZIP code (<i>see instructions</i>)					
a. Street address (<i>including apt., room, or suite no.</i>) 150 Darlington Ave		b. City Charleston		c. State SC	d. ZIP code 29403
4. Previous address shown on the last return filed if different from line 3 (<i>see instructions</i>)					
a. Street address (<i>including apt., room, or suite no.</i>)		b. City		c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name DataVerify			ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (<i>including apt., room, or suite no.</i>) 250 E. Broad St., Suite 2100			v. City Columbus	vi. State OH	vii. ZIP code 43215
5b. Customer file number (<i>if applicable</i>) (<i>see instructions</i>)			5c. Unique identifier (<i>if applicable</i>) (<i>see instructions</i>)		
5d. Client name, telephone number, and address (<i>this field cannot be blank or not applicable (NA)</i>)					
i. Client name Regions Bank			ii. Telephone number (601)554-2924		
iii. Street address (<i>including apt., room, or suite no.</i>) 2050 Parkway Office Circle			iv. City Birmingham	v. State AL	vi. ZIP code 35244
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. (<i>see instructions</i>)					
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					
a. Return Transcript <input type="checkbox"/>	b. Account Transcript <input type="checkbox"/>	c. Record of Account <input type="checkbox"/>			
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input checked="" type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent. 1099					
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 <input checked="" type="checkbox"/>	Line 2a <input type="checkbox"/>				
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (<i>see instructions</i>)					
12 / 31 / 2024	12 / 31 / 2023	12 / 31 / 2022	/	/	/
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.					
<input checked="" type="checkbox"/> 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.					
Signature for Line 1a (<i>see instructions</i>) <i>Michael Richard Hilfer</i>			Date 5/21/25	Phone number of taxpayer on line 1a or 2a (206)941-8260	
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name Michael Richard Hilfer					
Title (<i>if line 1a above is a corporation, partnership, estate, or trust</i>)					
Spouse's signature (<i>required if listed on Line 2a</i>)			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.

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.

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.

Borrower's Certification & Authorization

Lender

Regions Bank d/b/a Regions Mortgage
2050 Parkway Office Circle
Birmingham, AL 35244
Lender #: 174490

Date: May 15, 2025

Borrower

Michael Richard Hilfer
150 Darlington Ave
Charleston, SC 29403

Loan Number: 0048292983

Certification

The undersigned certifies the following:

1. I have applied for a mortgage loan from Regions Bank d/b/a Regions Mortgage ("lender"). In applying for the loan, I completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I certify that all of the information is true and complete. I made no misrepresentations in the loan application or other documents, nor did I omit any pertinent information.
2. I understand and agree that Regions Bank d/b/a Regions Mortgage (lender) reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, *United States Code*, Section 1014.

Authorization to Release Information

To Whom It May Concern:

1. I have applied for a mortgage loan from Regions Bank d/b/a Regions Mortgage (lender). As part of the application process, Regions Bank d/b/a Regions Mortgage (lender) may verify information contained in my loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I authorize you to provide to Regions Bank d/b/a Regions Mortgage (lender), and to any investor to whom Regions Bank d/b/a Regions Mortgage (lender) may sell my mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Regions Bank d/b/a Regions Mortgage (lender) or any investor that purchases the mortgage may address this authorization to any party named in the loan application or disclosed by any consumer credit reporting agency or similar source.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Regions Bank d/b/a Regions Mortgage (lender) or the investor that purchased the mortgage is appreciated.

Notice to Borrowers. This is notice to you as required by the *Right to Financial Privacy Act of 1978* that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.



Borrower

Michael Richard Hilfer 5/21/25
Michael Richard Hilfer Date



CUSTOMER IDENTIFICATION DISCLOSURE AND VERIFICATION

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.

PART A

NOTE: This portion of the form MUST be completed for each individual. If there is more than one individual, complete a form for each customer.

Customer Name: Michael Richard Hilfer

Social Security #: 537-96-7719

Date of Birth: 01/05/1984

Current Address: 150 Darlington Ave, Charleston, SC 29403

IDENTIFICATION DOCUMENTATION

Note: Provided ID must be a valid, unexpired ID document. Record ID verified at account opening.

ID TYPE (check one): Driver's License US State issued Non-Driver's Identification Card Passport
 Permanent Resident Card US Visa US Employment Authorization Document

ID Document #: 104428501

ID State or Country of Issuance: SC

ID Issue Date: 3/9/20

ID Expiration Date: 3/9/28

PART B

Michael R Hilfer
Signature of Customer

Michael Richard Hilfer
Print Name of Customer

05/19/2025
Date

I hereby certify that I have reviewed a copy of the identification document described above submitted by the customer and that the information recorded on this form coincides with the information on the identification document.

Michael Aloysis Brooks
Notary Public Signature

Michael Aloysis Brooks
Notary Public, State of South Carolina
My Commission Expires 05/09/2029

5/9/24
Commission Expiration

Seal:



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
01	07/01/2025	918.88	370.36	548.52	187,693.03	99.800%
02	08/01/2025	918.88	371.44	547.44	187,321.59	99.610%
03	09/01/2025	918.88	372.53	546.35	186,949.06	99.410%
04	10/01/2025	918.88	373.61	545.27	186,575.45	99.210%
05	11/01/2025	918.88	374.70	544.18	186,200.75	99.010%
06	12/01/2025	918.88	375.80	543.08	185,824.95	98.810%
YEAR	2025	5,513.28	2,238.44	3,274.84		
07	01/01/2026	918.88	376.89	541.99	185,448.06	98.610%
08	02/01/2026	918.88	377.99	540.89	185,070.07	98.410%
09	03/01/2026	918.88	379.09	539.79	184,690.98	98.210%
10	04/01/2026	918.88	380.20	538.68	184,310.78	98.010%
11	05/01/2026	918.88	381.30	537.58	183,929.48	97.800%
12	06/01/2026	918.88	382.42	536.46	183,547.06	97.600%
13	07/01/2026	918.88	383.54	535.34	183,163.52	97.400%
14	08/01/2026	918.88	384.65	534.23	182,778.87	97.190%
15	09/01/2026	918.88	385.78	533.10	182,393.09	96.990%
16	10/01/2026	918.88	386.90	531.98	182,006.19	96.780%
17	11/01/2026	918.88	388.02	530.86	181,618.17	96.570%
18	12/01/2026	918.88	389.17	529.71	181,229.00	96.370%
YEAR	2026	11,026.56	4,595.95	6,430.61		
19	01/01/2027	918.88	390.29	528.59	180,838.71	96.160%
20	02/01/2027	918.88	391.43	527.45	180,447.28	95.950%
21	03/01/2027	918.88	392.58	526.30	180,054.70	95.740%
22	04/01/2027	918.88	393.72	525.16	179,660.98	95.530%
23	05/01/2027	918.88	394.87	524.01	179,266.11	95.320%
24	06/01/2027	918.88	396.02	522.86	178,870.09	95.110%
25	07/01/2027	918.88	397.18	521.70	178,472.91	94.900%
26	08/01/2027	918.88	398.33	520.55	178,074.58	94.690%
27	09/01/2027	918.88	399.50	519.38	177,675.08	94.480%
28	10/01/2027	918.88	400.66	518.22	177,274.42	94.260%
29	11/01/2027	918.88	401.83	517.05	176,872.59	94.050%
30	12/01/2027	918.88	403.00	515.88	176,469.59	93.840%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
YEAR	2027	11,026.56	4,759.41	6,267.15		
31	01/01/2028	918.88	404.17	514.71	176,065.42	93.620%
32	02/01/2028	918.88	405.36	513.52	175,660.06	93.410%
33	03/01/2028	918.88	406.54	512.34	175,253.52	93.190%
34	04/01/2028	918.88	407.72	511.16	174,845.80	92.970%
35	05/01/2028	918.88	408.92	509.96	174,436.88	92.750%
36	06/01/2028	918.88	410.10	508.78	174,026.78	92.540%
37	07/01/2028	918.88	411.30	507.58	173,615.48	92.320%
38	08/01/2028	918.88	412.50	506.38	173,202.98	92.100%
39	09/01/2028	918.88	413.71	505.17	172,789.27	91.880%
40	10/01/2028	918.88	414.91	503.97	172,374.36	91.660%
41	11/01/2028	918.88	416.12	502.76	171,958.24	91.440%
42	12/01/2028	918.88	417.34	501.54	171,540.90	91.210%
YEAR	2028	11,026.56	4,928.69	6,097.87		
43	01/01/2029	918.88	418.55	500.33	171,122.35	90.990%
44	02/01/2029	918.88	419.77	499.11	170,702.58	90.770%
45	03/01/2029	918.88	421.00	497.88	170,281.58	90.550%
46	04/01/2029	918.88	422.23	496.65	169,859.35	90.320%
47	05/01/2029	918.88	423.45	495.43	169,435.90	90.100%
48	06/01/2029	918.88	424.69	494.19	169,011.21	89.870%
49	07/01/2029	918.88	425.93	492.95	168,585.28	89.640%
50	08/01/2029	918.88	427.18	491.70	168,158.10	89.420%
51	09/01/2029	918.88	428.42	490.46	167,729.68	89.190%
52	10/01/2029	918.88	429.67	489.21	167,300.01	88.960%
53	11/01/2029	918.88	430.92	487.96	166,869.09	88.730%
54	12/01/2029	918.88	432.18	486.70	166,436.91	88.500%
YEAR	2029	11,026.56	5,103.99	5,922.57		
55	01/01/2030	918.88	433.43	485.45	166,003.48	88.270%
56	02/01/2030	918.88	434.71	484.17	165,568.77	88.040%
57	03/01/2030	918.88	435.97	482.91	165,132.80	87.810%
58	04/01/2030	918.88	437.24	481.64	164,695.56	87.570%
59	05/01/2030	918.88	438.52	480.36	164,257.04	87.340%
60	06/01/2030	918.88	439.80	479.08	163,817.24	87.110%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
61	07/01/2030	918.88	441.08	477.80	163,376.16	86.870%
62	08/01/2030	918.88	442.36	476.52	162,933.80	86.640%
63	09/01/2030	918.88	443.66	475.22	162,490.14	86.400%
64	10/01/2030	918.88	444.95	473.93	162,045.19	86.170%
65	11/01/2030	918.88	446.25	472.63	161,598.94	85.930%
66	12/01/2030	918.88	447.55	471.33	161,151.39	85.690%
YEAR	2030	11,026.56	5,285.52	5,741.04		
67	01/01/2031	918.88	448.85	470.03	160,702.54	85.450%
68	02/01/2031	918.88	450.17	468.71	160,252.37	85.210%
69	03/01/2031	918.88	451.47	467.41	159,800.90	84.970%
70	04/01/2031	918.88	452.80	466.08	159,348.10	84.730%
71	05/01/2031	918.88	454.11	464.77	158,893.99	84.490%
72	06/01/2031	918.88	455.44	463.44	158,438.55	84.250%
73	07/01/2031	918.88	456.77	462.11	157,981.78	84.010%
74	08/01/2031	918.88	458.10	460.78	157,523.68	83.760%
75	09/01/2031	918.88	459.43	459.45	157,064.25	83.520%
76	10/01/2031	918.88	460.78	458.10	156,603.47	83.270%
77	11/01/2031	918.88	462.12	456.76	156,141.35	83.030%
78	12/01/2031	918.88	463.47	455.41	155,677.88	82.780%
YEAR	2031	11,026.56	5,473.51	5,553.05		
79	01/01/2032	918.88	464.82	454.06	155,213.06	82.530%
80	02/01/2032	918.88	466.17	452.71	154,746.89	82.280%
81	03/01/2032	918.88	467.54	451.34	154,279.35	82.040%
82	04/01/2032	918.88	468.90	449.98	153,810.45	81.790%
83	05/01/2032	918.88	470.26	448.62	153,340.19	81.540%
84	06/01/2032	918.88	471.64	447.24	152,868.55	81.290%
85	07/01/2032	918.88	473.01	445.87	152,395.54	81.030%
86	08/01/2032	918.88	474.40	444.48	151,921.14	80.780%
87	09/01/2032	918.88	475.77	443.11	151,445.37	80.530%
88	10/01/2032	918.88	477.17	441.71	150,968.20	80.280%
89	11/01/2032	918.88	478.55	440.33	150,489.65	80.020%
90	12/01/2032	918.88	479.96	438.92	150,009.69	79.770%
YEAR	2032	11,026.56	5,668.19	5,358.37		



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
91	01/01/2033	918.88	481.35	437.53	149,528.34	79.510%
92	02/01/2033	918.88	482.75	436.13	149,045.59	79.250%
93	03/01/2033	918.88	484.17	434.71	148,561.42	79.000%
94	04/01/2033	918.88	485.57	433.31	148,075.85	78.740%
95	05/01/2033	918.88	486.99	431.89	147,588.86	78.480%
96	06/01/2033	918.88	488.42	430.46	147,100.44	78.220%
97	07/01/2033	918.88	489.83	429.05	146,610.61	77.960%
98	08/01/2033	918.88	491.27	427.61	146,119.34	77.700%
99	09/01/2033	918.88	492.70	426.18	145,626.64	77.440%
100	10/01/2033	918.88	494.13	424.75	145,132.51	77.170%
101	11/01/2033	918.88	495.58	423.30	144,636.93	76.910%
102	12/01/2033	918.88	497.02	421.86	144,139.91	76.640%
YEAR	2033	11,026.56	5,869.78	5,156.78		
103	01/01/2034	918.88	498.48	420.40	143,641.43	76.380%
104	02/01/2034	918.88	499.92	418.96	143,141.51	76.110%
105	03/01/2034	918.88	501.39	417.49	142,640.12	75.850%
106	04/01/2034	918.88	502.84	416.04	142,137.28	75.580%
107	05/01/2034	918.88	504.31	414.57	141,632.97	75.310%
108	06/01/2034	918.88	505.79	413.09	141,127.18	75.040%
109	07/01/2034	918.88	507.26	411.62	140,619.92	74.770%
110	08/01/2034	918.88	508.74	410.14	140,111.18	74.500%
111	09/01/2034	918.88	510.22	408.66	139,600.96	74.230%
112	10/01/2034	918.88	511.71	407.17	139,089.25	73.960%
113	11/01/2034	918.88	513.20	405.68	138,576.05	73.690%
114	12/01/2034	918.88	514.70	404.18	138,061.35	73.410%
YEAR	2034	11,026.56	6,078.56	4,948.00		
115	01/01/2035	918.88	516.20	402.68	137,545.15	73.140%
116	02/01/2035	918.88	517.71	401.17	137,027.44	72.860%
117	03/01/2035	918.88	519.22	399.66	136,508.22	72.590%
118	04/01/2035	918.88	520.73	398.15	135,987.49	72.310%
119	05/01/2035	918.88	522.25	396.63	135,465.24	72.030%
120	06/01/2035	918.88	523.77	395.11	134,941.47	71.750%
121	07/01/2035	918.88	525.30	393.58	134,416.17	71.470%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
122	08/01/2035	918.88	526.83	392.05	133,889.34	71.190%
123	09/01/2035	918.88	528.37	390.51	133,360.97	70.910%
124	10/01/2035	918.88	529.91	388.97	132,831.06	70.630%
125	11/01/2035	918.88	531.46	387.42	132,299.60	70.350%
126	12/01/2035	918.88	533.01	385.87	131,766.59	70.070%
YEAR	2035	11,026.56	6,294.76	4,731.80		
127	01/01/2036	918.88	534.56	384.32	131,232.03	69.780%
128	02/01/2036	918.88	536.12	382.76	130,695.91	69.500%
129	03/01/2036	918.88	537.68	381.20	130,158.23	69.210%
130	04/01/2036	918.88	539.25	379.63	129,618.98	68.920%
131	05/01/2036	918.88	540.83	378.05	129,078.15	68.640%
132	06/01/2036	918.88	542.40	376.48	128,535.75	68.350%
133	07/01/2036	918.88	543.98	374.90	127,991.77	68.060%
134	08/01/2036	918.88	545.57	373.31	127,446.20	67.770%
135	09/01/2036	918.88	547.16	371.72	126,899.04	67.480%
136	10/01/2036	918.88	548.76	370.12	126,350.28	67.190%
137	11/01/2036	918.88	550.36	368.52	125,799.92	66.890%
138	12/01/2036	918.88	551.96	366.92	125,247.96	66.600%
YEAR	2036	11,026.56	6,518.63	4,507.93		
139	01/01/2037	918.88	553.58	365.30	124,694.38	66.300%
140	02/01/2037	918.88	555.19	363.69	124,139.19	66.010%
141	03/01/2037	918.88	556.80	362.08	123,582.39	65.710%
142	04/01/2037	918.88	558.43	360.45	123,023.96	65.420%
143	05/01/2037	918.88	560.07	358.81	122,463.89	65.120%
144	06/01/2037	918.88	561.69	357.19	121,902.20	64.820%
145	07/01/2037	918.88	563.33	355.55	121,338.87	64.520%
146	08/01/2037	918.88	564.98	353.90	120,773.89	64.220%
147	09/01/2037	918.88	566.62	352.26	120,207.27	63.920%
148	10/01/2037	918.88	568.27	350.61	119,639.00	63.620%
149	11/01/2037	918.88	569.94	348.94	119,069.06	63.310%
150	12/01/2037	918.88	571.59	347.29	118,497.47	63.010%
YEAR	2037	11,026.56	6,750.49	4,276.07		
151	01/01/2038	918.88	573.26	345.62	117,924.21	62.710%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
152	02/01/2038	918.88	574.94	343.94	117,349.27	62.400%
153	03/01/2038	918.88	576.61	342.27	116,772.66	62.090%
154	04/01/2038	918.88	578.29	340.59	116,194.37	61.790%
155	05/01/2038	918.88	579.98	338.90	115,614.39	61.480%
156	06/01/2038	918.88	581.67	337.21	115,032.72	61.170%
157	07/01/2038	918.88	583.37	335.51	114,449.35	60.860%
158	08/01/2038	918.88	585.07	333.81	113,864.28	60.550%
159	09/01/2038	918.88	586.78	332.10	113,277.50	60.230%
160	10/01/2038	918.88	588.48	330.40	112,689.02	59.920%
161	11/01/2038	918.88	590.21	328.67	112,098.81	59.610%
162	12/01/2038	918.88	591.92	326.96	111,506.89	59.290%
YEAR	2038	11,026.56	6,990.58	4,035.98		
163	01/01/2039	918.88	593.66	325.22	110,913.23	58.980%
164	02/01/2039	918.88	595.38	323.50	110,317.85	58.660%
165	03/01/2039	918.88	597.12	321.76	109,720.73	58.340%
166	04/01/2039	918.88	598.86	320.02	109,121.87	58.020%
167	05/01/2039	918.88	600.61	318.27	108,521.26	57.710%
168	06/01/2039	918.88	602.36	316.52	107,918.90	57.380%
169	07/01/2039	918.88	604.11	314.77	107,314.79	57.060%
170	08/01/2039	918.88	605.88	313.00	106,708.91	56.740%
171	09/01/2039	918.88	607.65	311.23	106,101.26	56.420%
172	10/01/2039	918.88	609.42	309.46	105,491.84	56.090%
173	11/01/2039	918.88	611.19	307.69	104,880.65	55.770%
174	12/01/2039	918.88	612.98	305.90	104,267.67	55.440%
YEAR	2039	11,026.56	7,239.22	3,787.34		
175	01/01/2040	918.88	614.76	304.12	103,652.91	55.120%
176	02/01/2040	918.88	616.56	302.32	103,036.35	54.790%
177	03/01/2040	918.88	618.36	300.52	102,417.99	54.460%
178	04/01/2040	918.88	620.16	298.72	101,797.83	54.130%
179	05/01/2040	918.88	621.97	296.91	101,175.86	53.800%
180	06/01/2040	918.88	623.79	295.09	100,552.07	53.470%
181	07/01/2040	918.88	625.60	293.28	99,926.47	53.130%
182	08/01/2040	918.88	627.43	291.45	99,299.04	52.800%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
183	09/01/2040	918.88	629.25	289.63	98,669.79	52.470%
184	10/01/2040	918.88	631.10	287.78	98,038.69	52.130%
185	11/01/2040	918.88	632.93	285.95	97,405.76	51.790%
186	12/01/2040	918.88	634.78	284.10	96,770.98	51.460%
YEAR	2040	11,026.56	7,496.69	3,529.87		
187	01/01/2041	918.88	636.63	282.25	96,134.35	51.120%
188	02/01/2041	918.88	638.49	280.39	95,495.86	50.780%
189	03/01/2041	918.88	640.35	278.53	94,855.51	50.440%
190	04/01/2041	918.88	642.22	276.66	94,213.29	50.100%
191	05/01/2041	918.88	644.09	274.79	93,569.20	49.750%
192	06/01/2041	918.88	645.97	272.91	92,923.23	49.410%
193	07/01/2041	918.88	647.85	271.03	92,275.38	49.070%
194	08/01/2041	918.88	649.75	269.13	91,625.63	48.720%
195	09/01/2041	918.88	651.64	267.24	90,973.99	48.370%
196	10/01/2041	918.88	653.54	265.34	90,320.45	48.030%
197	11/01/2041	918.88	655.44	263.44	89,665.01	47.680%
198	12/01/2041	918.88	657.36	261.52	89,007.65	47.330%
YEAR	2041	11,026.56	7,763.33	3,263.23		
199	01/01/2042	918.88	659.27	259.61	88,348.38	46.980%
200	02/01/2042	918.88	661.20	257.68	87,687.18	46.630%
201	03/01/2042	918.88	663.12	255.76	87,024.06	46.270%
202	04/01/2042	918.88	665.06	253.82	86,359.00	45.920%
203	05/01/2042	918.88	667.00	251.88	85,692.00	45.570%
204	06/01/2042	918.88	668.95	249.93	85,023.05	45.210%
205	07/01/2042	918.88	670.90	247.98	84,352.15	44.850%
206	08/01/2042	918.88	672.85	246.03	83,679.30	44.500%
207	09/01/2042	918.88	674.81	244.07	83,004.49	44.140%
208	10/01/2042	918.88	676.79	242.09	82,327.70	43.780%
209	11/01/2042	918.88	678.75	240.13	81,648.95	43.420%
210	12/01/2042	918.88	680.74	238.14	80,968.21	43.050%
YEAR	2042	11,026.56	8,039.44	2,987.12		
211	01/01/2043	918.88	682.72	236.16	80,285.49	42.690%
212	02/01/2043	918.88	684.72	234.16	79,600.77	42.330%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
213	03/01/2043	918.88	686.71	232.17	78,914.06	41.960%
214	04/01/2043	918.88	688.71	230.17	78,225.35	41.600%
215	05/01/2043	918.88	690.73	228.15	77,534.62	41.230%
216	06/01/2043	918.88	692.73	226.15	76,841.89	40.860%
217	07/01/2043	918.88	694.76	224.12	76,147.13	40.490%
218	08/01/2043	918.88	696.79	222.09	75,450.34	40.120%
219	09/01/2043	918.88	698.81	220.07	74,751.53	39.750%
220	10/01/2043	918.88	700.86	218.02	74,050.67	39.380%
221	11/01/2043	918.88	702.90	215.98	73,347.77	39.000%
222	12/01/2043	918.88	704.95	213.93	72,642.82	38.630%
YEAR	2043	11,026.56	8,325.39	2,701.17		
223	01/01/2044	918.88	707.00	211.88	71,935.82	38.250%
224	02/01/2044	918.88	709.07	209.81	71,226.75	37.870%
225	03/01/2044	918.88	711.13	207.75	70,515.62	37.500%
226	04/01/2044	918.88	713.21	205.67	69,802.41	37.120%
227	05/01/2044	918.88	715.29	203.59	69,087.12	36.740%
228	06/01/2044	918.88	717.38	201.50	68,369.74	36.360%
229	07/01/2044	918.88	719.47	199.41	67,650.27	35.970%
230	08/01/2044	918.88	721.56	197.32	66,928.71	35.590%
231	09/01/2044	918.88	723.67	195.21	66,205.04	35.200%
232	10/01/2044	918.88	725.79	193.09	65,479.25	34.820%
233	11/01/2044	918.88	727.89	190.99	64,751.36	34.430%
234	12/01/2044	918.88	730.03	188.85	64,021.33	34.040%
YEAR	2044	11,026.56	8,621.49	2,405.07		
235	01/01/2045	918.88	732.15	186.73	63,289.18	33.650%
236	02/01/2045	918.88	734.28	184.60	62,554.90	33.260%
237	03/01/2045	918.88	736.43	182.45	61,818.47	32.870%
238	04/01/2045	918.88	738.58	180.30	61,079.89	32.480%
239	05/01/2045	918.88	740.73	178.15	60,339.16	32.080%
240	06/01/2045	918.88	742.89	175.99	59,596.27	31.690%
241	07/01/2045	918.88	745.06	173.82	58,851.21	31.290%
242	08/01/2045	918.88	747.23	171.65	58,103.98	30.900%
243	09/01/2045	918.88	749.41	169.47	57,354.57	30.500%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
244	10/01/2045	918.88	751.59	167.29	56,602.98	30.100%
245	11/01/2045	918.88	753.79	165.09	55,849.19	29.700%
246	12/01/2045	918.88	755.99	162.89	55,093.20	29.300%
YEAR	2045	11,026.56	8,928.13	2,098.43		
247	01/01/2046	918.88	758.19	160.69	54,335.01	28.890%
248	02/01/2046	918.88	760.40	158.48	53,574.61	28.490%
249	03/01/2046	918.88	762.62	156.26	52,811.99	28.080%
250	04/01/2046	918.88	764.85	154.03	52,047.14	27.680%
251	05/01/2046	918.88	767.07	151.81	51,280.07	27.270%
252	06/01/2046	918.88	769.32	149.56	50,510.75	26.860%
253	07/01/2046	918.88	771.55	147.33	49,739.20	26.450%
254	08/01/2046	918.88	773.81	145.07	48,965.39	26.040%
255	09/01/2046	918.88	776.07	142.81	48,189.32	25.620%
256	10/01/2046	918.88	778.32	140.56	47,411.00	25.210%
257	11/01/2046	918.88	780.60	138.28	46,630.40	24.800%
258	12/01/2046	918.88	782.88	136.00	45,847.52	24.380%
YEAR	2046	11,026.56	9,245.68	1,780.88		
259	01/01/2047	918.88	785.15	133.73	45,062.37	23.960%
260	02/01/2047	918.88	787.45	131.43	44,274.92	23.540%
261	03/01/2047	918.88	789.75	129.13	43,485.17	23.120%
262	04/01/2047	918.88	792.05	126.83	42,693.12	22.700%
263	05/01/2047	918.88	794.35	124.53	41,898.77	22.280%
264	06/01/2047	918.88	796.68	122.20	41,102.09	21.860%
265	07/01/2047	918.88	799.00	119.88	40,303.09	21.430%
266	08/01/2047	918.88	801.33	117.55	39,501.76	21.000%
267	09/01/2047	918.88	803.66	115.22	38,698.10	20.580%
268	10/01/2047	918.88	806.01	112.87	37,892.09	20.150%
269	11/01/2047	918.88	808.37	110.51	37,083.72	19.720%
270	12/01/2047	918.88	810.72	108.16	36,273.00	19.290%
YEAR	2047	11,026.56	9,574.52	1,452.04		
271	01/01/2048	918.88	813.08	105.80	35,459.92	18.860%
272	02/01/2048	918.88	815.45	103.43	34,644.47	18.420%
273	03/01/2048	918.88	817.84	101.04	33,826.63	17.990%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
274	04/01/2048	918.88	820.22	98.66	33,006.41	17.550%
275	05/01/2048	918.88	822.61	96.27	32,183.80	17.110%
276	06/01/2048	918.88	825.01	93.87	31,358.79	16.680%
277	07/01/2048	918.88	827.42	91.46	30,531.37	16.240%
278	08/01/2048	918.88	829.83	89.05	29,701.54	15.790%
279	09/01/2048	918.88	832.25	86.63	28,869.29	15.350%
280	10/01/2048	918.88	834.67	84.21	28,034.62	14.910%
281	11/01/2048	918.88	837.12	81.76	27,197.50	14.460%
282	12/01/2048	918.88	839.55	79.33	26,357.95	14.020%
YEAR	2048	11,026.56	9,915.05	1,111.51		
283	01/01/2049	918.88	842.00	76.88	25,515.95	13.570%
284	02/01/2049	918.88	844.46	74.42	24,671.49	13.120%
285	03/01/2049	918.88	846.92	71.96	23,824.57	12.670%
286	04/01/2049	918.88	849.39	69.49	22,975.18	12.220%
287	05/01/2049	918.88	851.87	67.01	22,123.31	11.760%
288	06/01/2049	918.88	854.36	64.52	21,268.95	11.310%
289	07/01/2049	918.88	856.84	62.04	20,412.11	10.850%
290	08/01/2049	918.88	859.35	59.53	19,552.76	10.400%
291	09/01/2049	918.88	861.85	57.03	18,690.91	9.940%
292	10/01/2049	918.88	864.36	54.52	17,826.55	9.480%
293	11/01/2049	918.88	866.89	51.99	16,959.66	9.020%
294	12/01/2049	918.88	869.41	49.47	16,090.25	8.560%
YEAR	2049	11,026.56	10,267.70	758.86		
295	01/01/2050	918.88	871.95	46.93	15,218.30	8.090%
296	02/01/2050	918.88	874.50	44.38	14,343.80	7.630%
297	03/01/2050	918.88	877.04	41.84	13,466.76	7.160%
298	04/01/2050	918.88	879.60	39.28	12,587.16	6.690%
299	05/01/2050	918.88	882.17	36.71	11,704.99	6.220%
300	06/01/2050	918.88	884.74	34.14	10,820.25	5.750%
301	07/01/2050	918.88	887.32	31.56	9,932.93	5.280%
302	08/01/2050	918.88	889.91	28.97	9,043.02	4.810%
303	09/01/2050	918.88	892.51	26.37	8,150.51	4.330%
304	10/01/2050	918.88	895.10	23.78	7,255.41	3.860%



Amortization Schedule

LOAN AMOUNT	188,063.39	INTEREST RATE	3.500%
ANNUAL PERCENTAGE RATE	3.557%	CLOSING DATE	05/19/2025

PAYMENT NO	PAYMENT DATE	PAYMENT	PRINCIPAL	INTEREST	BALANCE	LTV
305	11/01/2050	918.88	897.72	21.16	6,357.69	3.380%
306	12/01/2050	918.88	900.34	18.54	5,457.35	2.900%
YEAR	2050	11,026.56	10,632.90	393.66		
307	01/01/2051	918.88	902.96	15.92	4,554.39	2.420%
308	02/01/2051	918.88	905.60	13.28	3,648.79	1.940%
309	03/01/2051	918.88	908.23	10.65	2,740.56	1.460%
310	04/01/2051	918.88	910.89	7.99	1,829.67	0.970%
311	05/01/2051	918.88	913.55	5.33	916.12	0.490%
312	06/01/2051	918.80	916.12	2.68		%
YEAR	2051	5,513.20	5,457.35	55.85		

Regions Bank d/b/a Regions Mortgage NMLS ID: 174490



TAX AND/OR ASSESSMENT CERTIFICATION

THIS FORM IS UTILIZED AS DATA ENTRY FOR TAX RECORDS.

It is important that this form be completed in its entirety. You are instructed to obtain and pay any tax bills that will become due within the next 60 days (NEW LOAN OR REFINANCE). These funds should be withheld and remitted directly to the taxing authority from closing. Should penalties/interest be assessed due to non-payment of taxes due, the closing agent will be responsible for payment of such funds.

LOAN NUMBER 0048292983

ESCROW _____

NON-ESCROW _____

REFINANCE YES / NO

CLOSING DATE May 19, 2025

BORROWER(S)

Michael Richard Hilfer

PROPERTY ADDRESS

150 DARLINGTON AVE

STREET

CHARLESTON

SC

29403-3210

CITY

STATE

ZIP

BORROWER(S)

150 Darlington Ave

MAILING ADDRESS

STREET

(If different from

Charleston

SC

property address)

CITY

STATE

ZIP

The property is now carried on the tax roll as:

NAME _____ FOR YEAR 20 _____

LEGAL DESCRIPTION _____

PERMANENT TAX ID# FOR THE ABOVE LEGAL _____

TAXES ARE PAYABLE: (CHECK ONE)

TAXES FOR CURRENT YEAR ARE BASED ON: (CHECK ONE)

Annually
 Semi-Annually
 Quarterly

Acreage
 Unimproved
 Complete Construction

Vacant Lot
 Partial Construction

The tax figures used below reflect the homestead exemption: yes no

TYPE	TAX AUTHORITY ADDRESS _____ _____	CURRENT DATE PAYABLE OR ESCROW ACCURALS	TAX AMOUNT UNIMPROVED LAND	TAX AMOUNT IMPROVEMENTS and LAND
CITY				
COUNTY				
SCHOOL				
OTHER				
OTHER				
OTHER				



____ Taxes are due now for 2 _____ and I have withheld _____ for the tax collector for any taxes that will become due within the next 60 days and will pay the taxes.

****BORROWER'S ACKNOWLEDGMENT****

I/We have received a copy of Initial Escrow Account Disclosure. The unimproved dollar amount has been used if new construction. Zero dollar amount used for seller exemption. I/We understand the real estate taxes are subject to an increase based upon when taxes are paid and present use of the land. When the actual tax bill becomes available to Regions, the escrow account may be short. The monthly payment will be adjusted to cover by shortage, I/We have been advised to assess the property in our name(s), claim homestead exemption, split out mortgaged property, if applicable and furnish Regions a copy.

M.L. H

Borrower

Borrower

****WARRANTY STATEMENT****

I CERTIFY THAT THE TAX AND/OR ASSESSMENT CERTIFICATION INFORMATION, IS TRUE, CORRECT AND COMPLETE AND THAT THERE ARE NO UNPAID TAXES AGAINST THIS PROPERTY EXCEPT AS NOTED ON THE TAX CERTIFICATION. I ACCEPT RESPONSIBILITY FOR ANY PENALTIES WHICH MUST BE PAID BECAUSE OF INCOMPLETE OR INACCURATE INFORMATION PROVIDED.

Penalty Date: _____

ATTACH: PAID RECEIPT PAYMENT AND TAX BILL TAX BILL

Signature of Closing Agent

Address

City, State, Zip

Name of Closing Agent (please print)

Telephone

***AGENT'S FAILURE TO EXECUTE THIS CERTIFICATION DOES NOT RELIEVE OBLIGATION TO COMPLY.**



Authorization to Release SSN Verification - Apply for Mortgage - Michael Richard Hilfer

**Please include the coversheet with the associated document for proper processing, when
document return is requested.**



Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name: Michael Richard Hilfer	Date of Birth: 01/05/1984	Social Security Number: 537-96-7719
---	------------------------------	--

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: Regions Bank d/b/a Regions Mortgage

Company Address: 2050 Parkway Office Circle, Birmingham, AL 35244

The name and address of the Company's Agent (if applicable):

Agent's Name: Automation Research, Inc. (d/b/a Data Verify)

Agent's Address: 250 E. Broad St., Suite 2100, Columbus, OH 43215

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>.

Borrower Name : Michael Richard
Hilfer

Loan Number: 0048292983

Regions Mortgage Credit Monitoring Letter

Thank you for choosing Regions Bank d/b/a Regions Mortgage for your mortgage financing needs. It is important that we have an accurate representation of your financial commitments so we can determine if you qualify for your loan. **Each time someone requests your credit report, an inquiry is noted on the report.** The most common reason this occurs is in connection with an application for credit such as a mortgage loan, auto loan, credit card, etc

We will continually monitor your credit activity during the loan application process, and may obtain a new credit report prior to closing. New accounts and inquiries may impact your loan approval or loan closing as they can represent a change in your financial obligations. You must be qualified with any new accounts that resulted from a credit inquiry.

What you should do:

1. Please review the Liabilities Section of your initial and final Uniform Residential Loan Application. If you have any accounts that are not listed on your loan application, you must disclose them to Regions Mortgage and attach a billing statement indicating the balance owed with monthly payment.
2. Additional debts not in liabilities section:

By signing this Explanation Letter in the spaces below, you certify that (1) the liabilities section on your loan application is accurate and complete and (2) no additional debts have been incurred as a result of these inquiries.

Michael Richard Hilfer 5/21/25
Michael Richard Hilfer Date





Policy Information

Homeowner: MICHAEL HILFER

Additional Homeowner: KERRY K MURPHY

Property Address : 150 DARLINGTON AVE, CHARLESTON, SC 29403

Loan Number : XXXXX4704

Mortgagee Clause: ⓘ

Regions Bank, Its Successors and/or Assigns
P.O. Box 200401
Florence, SC 29502

Submit evidence of insurance for any new or existing policy for this loan

[Add/Update Policy](#)



HOMEOWNERS

Policy Active

Policy Number: SCA164520

SCA164520

Insurance Company: AMERICAN STRATEGIC

[Change Insurance Company?](#)

Effective Date	Expiration Date	Premium	Coverage Amount	Deductible
04/30/2025	04/30/2026	\$6,150.00	\$581,000.00	\$2,500.00

Effective 04/30/2025

Expiration 04/30/2026

Premium \$6,150.00

Coverage \$581,000.00

Deductible \$2,500.00

Payment Activity

Paid

\$6,131.00 on 04/11/2025

\$19.00 on 02/20/2025



Policy Information

Homeowner: MICHAEL HILFER

Additional Homeowner: KERRY K MURPHY

Property Address : 150 DARLINGTON AVE, CHARLESTON, SC 29403

Loan Number : XXXXXX4704

Mortgagee Clause: ⓘ

Regions Bank, Its Successors and/or Assigns
P.O. Box 200401
Florence, SC 29502

Submit evidence of insurance for any new or existing policy for this loan

[Add/Update Policy](#)



HOMEOWNERS

Policy Active

Policy Number: SCA164520

SCA164520

Insurance Company: AMERICAN STRATEGIC

[Change Insurance Company?](#)

Effective Date	Expiration Date	Premium	Coverage Amount	Deductible
04/30/2025	04/30/2026	\$6,150.00	\$581,000.00	\$2,500.00

Effective 04/30/2025

Expiration 04/30/2026

Premium \$6,150.00

Coverage \$581,000.00

Deductible \$2,500.00

Payment Activity

Paid

✓ \$6,131.00 on 04/11/2025

✓ \$19.00 on 02/20/2025