

Hillside Escrow
a Non Independent Broker Escrow

9045 Haven Ave. Ste #108
Rancho Cucamonga, CA 91730
Phone:(909) 483-0133
Fax:(909) 614-8118
admin@eamil.com

The Seller Trust Dated 04-26-2002, Seller 2, Seller3 and Seller4
4587 South Park Ln

Escrow No. TEST-SALE

Property: 123 Sale Street, Salesville, CA 90014

For use in your escrow at this office, we will appreciate your sending to us, if they meet with your approval, the items listed below. Your prompt return of these items will materially assist in the completion of your escrow.

| | |
|---|---|
| Escrow Instructions Estimated Closing Statement | SIGN AND RETURN (Copy for your files) |
| California Withholding Notice CAL-FIRPTA/FIRPTA 1099 Input Form Loan Information Form Seller Affidavit Non-Foreign Status Statement of Identity Commission Instructions 593-C Real Estate Withholding Form Seller Disbursement of Funds | FILL IN COMPLETELY, SIGN AND RETURN |
| Grant Deed | PLEASE SIGN IN THE PRESENCE OF A NOTARY PUBLIC |

***In order to expedite your transaction, please return escrow package as soon as possible.
If you have any questions, please call (909) 483-0133 or send an e-mail to admin@eamil.com.

Very truly yours,

Hillside Escrow

Admin
Escrow Officer

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LOAN INFORMATION SHEET
IF NONE, SO STATE

Escrow No: TEST-SALE

Property Address:123 Sale Street, Salesville, CA 90014

To enable us to handle your escrow in a timely manner, please provide the following information at the time you sign your escrow paperwork.

FIRST LOAN Name of Lender: _____

Phone No.: _____ Loan Number: _____

Type of Loan: FHA ____ VA ____ CAL VET ____ CONVENTIONAL ____ CONTRACT ____

SECOND LOAN Name of Lender: _____

Phone: _____ Loan Number: _____

ANY SOLAR, LEASE OR LOAN, HOME IMPROVEMENT LOANS, HERO OR PACE PROGRAMS?

Name of Lender: _____

Phone: _____ Loan Number: _____

My property is affected by a "Community (Homeowners) Association" Yes ____ No ____

1ST. ASSN: Name of Association: _____

Management or Service Company: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Account Number: _____

2ND. ASSN: Name of Association: _____

Management or Service Company: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Account Number: _____

It is a State Requirement that the new buyer be furnished with copies of your Homeowners Association Articles of Incorporation, By-Laws, Covenants, Conditions and Restrictions and other required documentation.

SELLER'S FORWARDING ADDRESS: _____

You are hereby authorized to order demands for payoff, discuss loan payoff information and comply with instructions from the lender(s) or parties named above and to make payment(s) from my account as required to complete this transaction.

The Seller Trust Dated 04-26-2002

{{Signature:s:1:y:____
_____}}

Sam Seller, Trustee

@{SR2:s:2:y:____}

Seller 2

{{Signature:s:3:y:____}

@{SR4:s:4:y:____}

Seller4

Seller3

{{Signature:s:5:y:____
_____}}

Seller5

1 0 9 9-S INPUT**IMPORTANT...All areas and data fields must be completed before processing.**

(X) Add () Change () Delete

SETTLEMENT AGENT NAME

Hillside Escrow
 9045 Haven Ave. Ste #108
 Rancho Cucamonga, CA 91730

Taxpayer ID#: 55-0850127
 Escrow #: TEST-SALE
 Closing Date: 6/4/2020

SELLER INFORMATION - PLEASE PRINT CLEARLY

Sam Seller, Trustee

Seller's forwarding Street Address

123 Sale Street, Salesville, CA 90014

City

State

Zip

Phone No.

TRANSACTION DATA**Contract Sales Price \$ 430,000.00**

(Line 401 of HUD-1 form) Note: If this is an exchange, Provide total dollar value of cash,
 notes and debt relief received by this exchanger.

NO. OF 1099-S

forms required for the sale of this property ____ 1 ____

2 OR MORE 1099-S FORMS

If 2 or more 1099-S forms are required for this transaction. record the dollar amount \$ _____ OR
 the Percentage of ownership % _____ for this seller based on the seller's declaration.

BUYER'S PART OF REAL ESTATE TAX \$

(Any real estate tax on a residence charged to the buyer at settlement.)

CONTINGENT TRANSACTION () YES

Is this a contingent transaction wherein gross proceeds cannot be determined with
 certainty at time of closing?

EXCHANGE () YES

Are you doing a "like-kind" 1031 Exchange where you will receive no proceeds from the sale or exchange?

FOREIGN PERSON () YES

Are you, as transferor, a foreign person (nonresident alien, foreign partnership, foreign status, or foreign trust) ?

PERSONAL PROPERTY/SERVICES RECEIVED

Do the gross sales proceeds include personal property which was included in the sales price?

() YES () NO If Yes, how much was the value of the personal property? \$ _____

(Personal property such as draperies, rugs, or a washer and dryer, may be excluded from gross proceeds.)

Have you, or will you received any property or services as part of the consideration for the property?

() YES () NO

SUBJECT PROPERTY INFORMATION

123 Sale Street
 Salesville, CA 90014

TAXPAYER IDENTIFICATION NUMBER

You are required by law to provide your closing agent with your correct Taxpayer Identification
 Number. If you do not provide your closing agent with your correct Taxpayer Identification Number, you
 may be subject to civil or criminal penalties imposed by law under the Tax Reform Act of 1986,
 under Internal Revenue Code Sections 6045(E), 6676, 6722, 6723 and 7203.

234234545

Seller's Tax Identification Number/Seller's Social Security Number

Under penalties of perjury. I certify that the number shown above is my correct Taxpayer
 Identification Number.

{Signature:s:5:y:_____}

{Signature:d:5:y:_____}

Seller Signature

Date Signed

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SELLER'S AFFIDAVIT OF NON-FOREIGN STATUS AND/OR CALIFORNIA RESIDENCY (Foreign Investment in Real Property Tax Act and California Out-of State Seller Withholding law)

DATE: October 18, 2020
ESCROW NO. TEST-SALE
ESCROW OFFICER: Admin

PROPERTY ADDRESS: 123 Sale Street, Salesville, CA 90014

Section 1445 of the Internal Revenue Code provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a "foreign person". I understand that this certification may be disclosed to the Internal Revenue Service and to the California Franchise Tax Board by the transferee and that any false statement I have made herein (if an entity transferor, on behalf of the transferor) could be punished by fine, imprisonment, or both.

FEDERAL LAW (FIRPTA)

INDIVIDUAL TRANSFEROR:

1. I am not a nonresident alien for purposes of U.S. Income taxation:
2. My U.S. taxpayer identifying number is the same as indicated below.
3. My home address is indicated below.

CORPORATION, PARTNERSHIP, TRUST, OR ESTATE TRANSFEROR:

1. _____(name of transferor) is not a foreign Corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Case and Income Tax Regulations);
2. Transferor's U.S. Employer Identification number is: _____
3. Transferor's office address is: _____
4. I, the undersigned individual, declare that I have authority to sign this document on behalf of the Transferor. Under penalties of perjury I declare that I have examined this certification and to the best of my knowledge and belief it is true, correct and complete.

CALIFORNIA LAW

INDIVIDUAL TRANSFEROR:

1. I am a ☐ married, ☐ single resident of California and reside at the address shown below;
2. My U.S. taxpayer identifying number is: SEE BELOW
3. My home address is: 123 Sale Street, Salesville, CA 90014

CORPORATION TRANSFEROR:

1. _____(name of transferor) is a corporation qualified to do business in California or has a permanent place of business in California at the address shown below;
2. Transferor's California Corporation number issued by the Secretary of State is _____;
3. Transferor's office address is: _____;and
4. I, the undersigned individual, declare that I have authority to sign this document on behalf of the Transferor. Under penalties of perjury I declare that I have examined this certification and to the best of my knowledge and belief it is true, correct and complete.

The Seller Trust Dated 04-26-2002

TAX I.D. NO. _____

SELLER: Sam Seller, Trustee

: Seller5

STATEMENT OF IDENTITY

PARTY ONE

ESCROW NO. TEST-SALE

TITLE NO. 12345

First Name _____ Full Middle Name-if none, indicate _____ Last Name _____
Birthplace _____ Date of Birth _____
Social Security No. _____ Driver's License No. _____
I am currently married () YES () NO Name of Spouse: _____
Former Marriages if any: Name of former spouse _____
() Deceased () Divorced () When _____

PARTY TWO

First Name _____ Full Middle Name-if none, indicate _____ Last Name _____
Birthplace _____ Date of Birth _____
Social Security No. _____ Driver's License No. _____
I am currently married () YES () NO Name of Spouse: _____
Former Marriages if any: Name of Spouse: _____
Deceased () Divorced () When _____

RESIDENCES DURING PAST 10 YEARS

Party One:

Number and Street City From (Date) To (Date)

Number and Street City From (Date) To (Date)

Party Two

Number and Street City From (Date) To (Date)

Number and Street City From (Date) To (Date)

OCCUPATIONS DURING PAST 10 YEARS

Party One:

Firm Name Location

Firm Name Location

Party Two:

Firm Name Location

Firm Name Location

PARTY ONE Contact Information:

Signature: _____ Date _____
Cell Phone _____
Home Phone _____
Email: _____
FAX No: _____

PARTY TWO Contact information:

Signature _____ Date _____
Cell Phone: _____
Home Phone: _____
Email: _____
FAX No: _____

You are hereby authorized to order demands for payoff, discuss loan payoff information and comply with instructions from the lender(s) or parties named above and to make payment(s) from my account as required to complete this transaction.

{{Signature:i:3:y:_____}} We know of no liens against us or our property.
(Initial here)

@{BRX:i:3:y:_____} We know of no liens against us or our property.
(Initial here)

ESCROW NO: TEST-SALE

☐ Hold check for pickup at the Escrow office handling this transaction.

☐ Authorized check to be picked up by: Name: _____

☐ Call when check is ready for pick up at: (phone) _____

Contact: _____

☐ Send check via first class mail to: _____

☐ Send check overnight mail to: _____

☐ I understand my account will be charged accordingly.

☐ Charges for overnight services will be assessed as applicable.

☐ Transfer proceeds to: _____

Reference number and contact: _____

☐ Wire transfer to our account pursuant to our written instructions (a \$50.00 wiring fee will be collected in this escrow for each wire transfer), wire transfer information:

BANK NAME: _____

ADDRESS: _____

ABA (Routing) NUMBER: _____ PHONE: _____

NAME ON ACCOUNT _____

FOR CREDIT TO ACCOUNT NUMBER: _____

☐ Please transfer my/our funds in the amount of \$_____ or total proceeds due to me/us to my/our Accommodator as follows:

Accommodator name: _____

Address: _____

Contact and Phone: _____

Proceeds will be disbursed in the form of one check payable to the order of ALL Sellers/Borrowers unless Escrow Holder is provided with written instructions signed by all Sellers/Borrowers to do otherwise. Such checks require the personal endorsement of all payees to be negotiable.

ESCROW HOLDER IS AUTHORIZED AND INSTRUCTED TO DEDUCT \$50.00 FROM FUNDS THE UNDERSIGNED FOR WIRE TRANSFER FEES.

Escrow holder is not responsible for time of arrival of said funds at receiving bank

Hillside Escrow is hereby released and relieved from any and all responsibility in connection with same.

The Seller Trust Dated 04-26-2002

Sam Seller, Trustee

Seller 2

Seller3

Seller4

Seller5

MAILING ADDRESS AFTER CLOSE OF ESCROW:

Phone Number:

2020 Real Estate Withholding Statement**593**AMENDED: • ☐**Part I Remitter Information** • ☐ REEP ☐ Qualified Intermediary Buyer/Transferee ☐ Other _____

| | | | | |
|--|---------|-----------|---|----------|
| Business name Hillside Escrow | | | FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. 55-0850127 | |
| First name | Initial | Last name | SSN or ITIN | |
| Address (apt./ste., room, PO box, or PMB no.) 9045 Haven Ave. Ste #108 | | | | |
| City (If you have a foreign address, see instructions.) Rancho Cucamonga, CA 91730 | | | State | ZIP code |
| | | | Telephone number | |

Part II Seller/Transferor Information If a grantor or nongrantor trust, check the box that applies. • ☐ Grantor ☐ Nongrantor Trust

| | | | |
|--|---------|---------------------|--|
| First name (Grantor) Sam Seller, Trustee | Initial | Last name (Grantor) | SSN or ITIN |
| Spouse's/RDP's first name (if jointly owned) Seller 2 | Initial | Last name | Spouse's/RDP's SSN or ITIN (if jointly owned) |
| Business/Nongrantor Trust name (if applicable) | | | • FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. |
| Address (apt./ste., room, PO box, or PMB no.) 4587 South Park Ln | | | |
| City (If you have a foreign address, see instructions.) Irvine, Ca 92645 | | | State |
| | | | ZIP code |
| Property address (provide street address, parcel number, and county) 123 Sale Street, Salesville, CA 90014 | | | Ownership percentage % |

Part III Certifications which fully exempt the sale from withholding (See instructions)

Determine whether you qualify for a full withholding exemption. Check all boxes that apply to the property being sold or transferred.

1. ☒ ☐ The property qualifies as the seller's principal residence under Internal Revenue Code (IRC) Section 121.
2. ☐ The seller last used the property as the seller's principal residence under IRC 121 without regard to the two-year time period.
3. ☐ The seller has a loss or zero gain for California (CA) income tax purposes on this sale. Complete Part VI, Computation.
4. ☒ ☐ The property is compulsorily or involuntarily converted, and the seller intends to acquire property that will qualify for nonrecognition of gain under IRC Section 1033.
5. ☐ The transfer qualifies for nonrecognition treatment under IRC Section 351 or IRC Section 721.
6. ☐ The seller is a corporation (or a limited liability company (LLC) classified as a corporation), qualified through the CA Secretary of State or has a permanent place of business in CA.
7. ☐ The seller is a CA partnership or a partnership qualified to do business in CA (or an LLC classified as a partnership for income tax purposes that is not a single member LLC disregarded for income tax purposes).
8. ☐ The seller is a tax-exempt entity under California or federal law.
9. ☐ The seller is an insurance company, individual retirement account, qualified pension/profit sharing plan, or charitable remainder trust

Part IV Certifications that may partially or fully exempt the sale from withholding or if no exemptions apply (See instructions)

Determine whether you qualify for a full, partial, or no withholding exemption. Check all boxes that apply to the property being sold or transferred

10. ☒ ☐ The transfer qualifies as either a simultaneous or deferred like-kind exchange under IRC Section 1031
11. ☒ ☐ The transfer of this property is an installment sale where the buyer must withhold on the principal portion of each installment payment. Copy of the promissory note is attached. Complete Part V Buyer/Transferee Information on Side 2.
12. ☒ ☐ **No exemptions apply.** Go to Part VII, Line 31.

If you checked one or more boxes in 1-9, go to Side 3, complete the perjury statement and sign. Provide Sides 1-3 to the remitter before the close of escrow or exchange transaction to submit to the Franchise Tax Board. STOP here. Withholding is not required.

If you checked box 10, go to specific line instructions on Page 4, Part IV.

If you checked box 11, go to Part V on Side 2. Withholding may be required.

If you checked box 12, go to Part VII on Side 3 for amounts to withhold. Withholding is required.

| | |
|---|---|
| Remitter Name Hillside Escrow | SSN, FEIN, CA corp no, or CA SOS file no 55-0850127 |
|---|---|

Part V Buyer/Transferee Information Complete if you checked box 11 in Part IV for an installment agreement.

| | | | |
|---|--------------------|---------------------|---|
| First name (Grantor) | Initial | Last name (Grantor) | SSN or ITIN |
| Spouse's/RDP's first name (if jointly purchased) | Initial | Last name | Spouse's/RDP's SSN or ITIN |
| Business/Nongrantor Trust name (if applicable) | | | <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. |
| Address (apt./ste., room, PO box, or PMB no.) | | | |
| City (If you have a foreign address, see instructions.) | | State | ZIP code |
| | | Telephone number | |
| Principal Amount of Promissory No | Installment Amount | Interest Rate | Repayment Period |
| | | . % | Number of months |

Buyer's/Transferee's Acknowledgment to Withhold

Read the "Buyer/Transferee" Information below. Go to Side 3, complete the perjury statement and sign.

I acknowledge that I am required to withhold on the principal portion of each installment payment to the Seller/transferor for the above shown California real property either at the rate of 3 1/3% (.0333) of the total sales price or the Alternative Withholding Calculation, as specified by the seller/transferor on Form 593, Real Estate Withholding Statement, of the principal portion of each installment payment. I will complete Form 593 for the principal portion of each installment payment and send one copy of each to the Franchise Tax Board along with Form 593-V, Payment Voucher for Real Estate Withholding, the withholding payment, and give one copy of Form 593 to the seller/transferor. I will send each withholding payment to the Franchise Tax Board by the 20th day of the month following the month of the installment payment. If the terms of the installment sale, promissory note, or payment schedule change, I will promptly inform the Franchise Tax Board. I understand that the Franchise Tax Board may review relevant escrow documents to ensure withholding compliance. I also understand that I am subject to withholding penalties if I do not withhold on the principal portion of each installment payment and do not send the withholding along with Form 593 to the Franchise Tax Board by the due date.

Part VI Computation

Complete this part if you checked and certified box 3 in Part III, or to calculate an alternative withholding calculation amount.

| | |
|---|---|
| 13. Selling Price..... | <input checked="" type="radio"/> 13 _____ |
| 14. Selling Expenses..... | 14 _____ |
| 15. Amount realized. Subtract line 14 from line 13 | 15 _____ |
| 16. Enter the price you paid to purchase the property (see instructions, How to Figure Your Basis.) | 16 _____ |
| 17. Seller/Transferor-paid points | 17 _____ |
| 18. Depreciation | 18 _____ |
| 19. Other decreases to basis | 19 _____ |
| 20. Total decreases to basis. Add line 17 through line 19 | 20 _____ |
| 21. Subtract line 20 from line 16 | 21 _____ |
| 22. Cost of additions and improvements | <input checked="" type="radio"/> 22 _____ |
| 23. Other increases to basis | <input checked="" type="radio"/> 23 _____ |
| 24. Total increases to basis. Add line 22 and line 23..... | 24 _____ |
| 25. Adjusted basis. Add line 21 and line 24 | <input checked="" type="radio"/> 25 _____ |
| 26. Enter any suspended passive activity losses from this property | 26 _____ |
| 27. Add line 25 and line 26 | 27 _____ |
| 28. Estimated gain or loss on sale. Subtract line 27 from line 15 and enter the amount here. If you have a loss or zero gain, certify on Side 3. No withholding is required. If you have a gain, go to line 29 and 30 to calculate your withholding | 28 _____ |

| | |
|---|---|
| Remitter Name Hillside Escrow | SSN, FEIN, CA corp no, or CA SOS file no 55-0850127 |
|---|---|

29. Alternative withholding calculation amount. Check the applicable box for the filing type

- ☐ Individual 12.3% ☐ Corporation 8.84% ☐ Bank and Financial Corporation 10.84% ☐ Trust 12.3%
☐ Non-California Partnership 12.3% ☐ S Corporation 13.8% ☐ Financial S Corporation 15.8%

Multiply the amount on line 28 by the tax rate for the filing type selected above and enter the amount here. This is the alternative withholding calculation amount. If you elect the alternative withholding calculation amount, then check the

appropriate box on line 35, Boxes B-H, and enter the amount on line 36 **29** _____

30. Total sales price withholding amount. Multiply the selling price on line 13 by $3\frac{1}{3}\%$ (.0333).

This is the total sales price withholding amount. If you select the **total sales price withholding amount**, Check Box A on line 35 below and enter the amount on line 36..... **30** _____

Part VII Escrow or Exchange Information

31. Escrow or Exchange Number • **31** _____

32. Date of Transfer, Exchange Completion, Failed Exchange, or Installment Payment (mm/dd/yyyy) • **32** _____

33. Total Sales Price, Failed Exchange, or Boot Amount \$ _____ x Ownership Percentage _____. ____% • **33** _____

34. Type of Transaction (Check One Only): •

- A** ☐ Conventional Sale/Transfer **C** ☐ Boot
B ☐ Installment Sale Payment **D** ☐ Failed Exchange

35. Withholding Calculation (Check One Only): •

Total Sales Price Method

- A** ☐ $3\frac{1}{3}\%$ (.0333) x Total Sales Price, Boot, or Installment Sale Payment

Alternative Withholding Calculation Election

- B** ☐ Individual 12.3% x Gain on Sale **F** ☐ S Corporation 13.8% x Gain on Sale
C ☐ Non-California Partnership 12.3% x Gain on Sale **G** ☐ Financial S Corporation 15.8% x Gain on Sale
D ☐ Corporation 8.84% x Gain on Sale **H** ☐ Trust 12.3% x Gain on Sale
E ☐ Bank and Financial Corp. 10.84% x Gain on Sale

36. Amount Withheld from this Seller/Transferor • **36** _____

Title and escrow persons, and exchange accommodators are not authorized to provide legal or accounting advice for purposes of determining withholding amounts. Transferors are strongly encouraged to consult with a competent Tax professional for this purpose.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I hereby certify that the information provided above is, to the best of my knowledge, true and correct. I further certify that: Check the applicable box(s):

- ☐ The sale is fully exempt from withholding as indicated by a check mark(s) in Part III.
☐ The sale is fully or partially exempt from withholding as indicated by a check mark(s) in Part IV.
☐ The seller has elected the Alternative Withholding Calculation as indicated by a check mark in Part VII, line 35 (B-H).
☐ The Buyer/Transferee understands and accepts the withholding requirements as stated on the Buyer's/Transferee's Acknowledgment to Withhold in Part V. This box should only be checked by those who are involved in an installment sale.

| | | |
|---|--|---------------------------|
| Sign Here It is unlawful to forge a spouse's/RDP's signature. | Seller's/Transferor's signature X | Date |
| | Seller's/Transferor's spouse's /RDP's signature X | Date |
| | Buyer's/Transferee's signature X | Date |
| | Buyer's/Transferee's spouse's/RDP's signature X | Date |
| | Preparer's name and Title/Escrow business name X Hillside Escrow | Telephone Number () |