



516 Burchett St., Glendale, CA 91203  
Phone: (818) 662-6700 • Fax: (818) 662-6780

## OWNER'S ESCROW INFORMATION SHEET BORROWER'S AUTHORIZATION

NOTE: Please accept this as authorization for Pacific Coast Title Company associates to obtain payoff demand statements on any below-referenced loans on our behalf.

Escrow No.:

Title No.:

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO OUR OFFICE AS SOON AS POSSIBLE  
AS IT WILL ASSIST US IN THE ADMINISTRATION OF YOUR TRANSACTION.

1. **Seller(s):** \_\_\_\_\_

Home Phone Number: (    ) \_\_\_\_\_ Work Phone Number: (    ) \_\_\_\_\_

Fax Number: (    ) \_\_\_\_\_ Cell Phone Number: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone Number: (    ) \_\_\_\_\_

2. **Social Security #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

3. **Property Address:** \_\_\_\_\_

4. **Seller(s) Current Mailing Address:** \_\_\_\_\_

5. **Seller(s) Mailing Address after Close of Escrow:** \_\_\_\_\_

### 6. Existing Loan(s) That Are Currently Recorded Against The Property:

**NOTE: If you have an FHA Loan that is to be paid off at the close of escrow, the lender requires a 30-day notice of your intention to prepay. It is the owner's responsibility to notify the lender.**

**FIRST TRUST DEED LENDER:** \_\_\_\_\_

Address: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Unpaid Principal Balance \$ \_\_\_\_\_ Next Due: \_\_\_\_\_

Type of Loan: \_\_\_\_\_ VA \_\_\_\_\_ FHA \_\_\_\_\_ Conventional \_\_\_\_\_ Equity Line/Line of Credit \_\_\_\_\_ Impound Acct: Yes \_\_\_\_\_ No \_\_\_\_\_

TAXES: \_\_\_\_\_ Paid \_\_\_\_\_ Unpaid \_\_\_\_\_ Taxes are being paid through my impound account

**SECOND TRUST DEED LENDER:** \_\_\_\_\_

Address: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Unpaid Principal Balance \$ \_\_\_\_\_

Type of Loan: \_\_\_\_\_ VA \_\_\_\_\_ FHA \_\_\_\_\_ Conventional \_\_\_\_\_ Equity Line/Line of Credit \_\_\_\_\_

**THIRD TRUST DEED LENDER:** \_\_\_\_\_

Address: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Unpaid Principal Balance \$ \_\_\_\_\_

Type of Loan: \_\_\_\_\_ VA \_\_\_\_\_ FHA \_\_\_\_\_ Conventional \_\_\_\_\_ Equity Line/Line of Credit \_\_\_\_\_

Is there a Master Fire Insurance policy covered by the Homeowners Association and included in the Association Dues: Yes \_\_\_\_\_ No \_\_\_\_\_

7. **Homeowner's Association:** \_\_\_\_\_

Management Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

8. **Homeowner's Association:** \_\_\_\_\_

Escrow No.:  
Title No.:

Management Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

9. **Water Stock:** If so, please attach certificate for transfer

Name of Company: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Amount of assessment \$ \_\_\_\_\_ Next Due \_\_\_\_\_ No. of Shares \_\_\_\_\_

Please place any additional information that you feel we may require on the reverse side of this form.

Date: \_\_\_\_\_

PLEASE COMPLETE, DATE, SIGN AND RETURN

**STATEMENT OF INFORMATION  
CONFIDENTIAL INFORMATION FOR YOUR PROTECTION**

Completion of this statement expedites your application for title insurance, as it assists in establishing identity, eliminating matters affecting persons with similar names and avoiding the use of fraudulent or forged documents. Complete all blanks (please print) or indicate "none" or "N/A." If more space is needed for any item(s), use the reverse side of the form. Each party (and spouse/domestic partner, if applicable) to the transaction should personally sign this form.

To: Pacific Coast Title Company  
516 Burchett St., Glendale, CA 91203

ESCROW NO.:  
TITLE NO.:

**NAME AND PERSONAL INFORMATION**

\_\_\_\_\_  
First Name      Middle Name      Last Name      Maiden Name      Date of Birth \_\_\_\_\_  
(If none, indicate)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

List any other name you have used or been known by \_\_\_\_\_

State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

Are you currently married? \_\_\_\_\_ If yes, complete the following information:

Date and place of marriage \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name      Middle Name      Last Name      Maiden Name  
(If none, indicate)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

List any other names you have used or been known by \_\_\_\_\_

State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

Are you currently a registered domestic partner? \_\_\_\_\_ If yes, complete the following information:

Domestic Partner: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name      Middle Name      Last Name      Maiden Name  
(If none, indicate)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

List any other names you have used or been known by \_\_\_\_\_

State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

\*\*\*\*\*

**CHILDREN**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(If more space is required, use reverse side of form)

\*\*\*\*\*

**RESIDENCES (LAST 10 YEARS)**

\_\_\_\_\_  
Number & Street      City      From (date) to (date)

\_\_\_\_\_  
Number & Street      City      From (date) to (date)

(If more space is required, use reverse side of form)

ESCROW NO.:

TITLE NO.:

\*\*\*\*\*

**OCCUPATIONS/BUSINESSES (LAST 10 YEARS)**

Firm or Business name Address From (date) to (date)

Firm or Business name Address From (date) to (date)

(If more space is required, use reverse side of form)

\*\*\*\*\*

**SPOUSE'S/DOMESTIC PARTNER'S OCCUPATIONS/BUSINESSES (LAST 10 YEARS)**

Firm or Business name Address From (date) to (date)

Firm or Business name Address From (date) to (date)

(If more space is required, use reverse side of form)

\*\*\*\*\*

**PRIOR MARRIAGE(S)**

Any prior marriages for either spouse? \_\_\_\_\_ If yes, complete the following:

Prior spouse's (Party A) name: \_\_\_\_\_ Prior Spouse of Party A: \_\_\_\_\_

Marriage ended by: Death \_\_\_\_\_ Divorce \_\_\_\_\_ Date of Death/Divorce \_\_\_\_\_

Prior spouse's (Party B) name: \_\_\_\_\_ Prior Spouse of Party B: \_\_\_\_\_ Spouse \_\_\_\_\_

Marriage ended by: Death \_\_\_\_\_ Divorce \_\_\_\_\_ Date of Death/Divorce \_\_\_\_\_

(If more space is required, use reverse side of form)

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**PRIOR DOMESTIC PARTNERSHIP(S)**

Any prior domestic partnerships for either person? \_\_\_\_\_ If yes, complete the following:

Prior partner's name: \_\_\_\_\_ Prior Partner: \_\_\_\_\_

Partnership ended by: Death \_\_\_\_\_ Dissolution \_\_\_\_\_ Nullification \_\_\_\_\_ Termination \_\_\_\_\_ Date of Death/Dissolution/etc. \_\_\_\_\_

Prior partner's name: \_\_\_\_\_ Prior Partner: \_\_\_\_\_

Partnership ended by: Death \_\_\_\_\_ Dissolution \_\_\_\_\_ Nullification \_\_\_\_\_ Termination \_\_\_\_\_ Date of Death/Dissolution/etc. \_\_\_\_\_

(If more space is required, use reverse side of form)

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**INFORMATION ABOUT THE PROPERTY**

Buyer intends to reside on the property in this transaction: Yes \_\_\_\_\_ No \_\_\_\_\_

**Owner to complete the following items**

Street Address of Property in this transaction: \_\_\_\_\_

The land is unimproved \_\_\_\_\_; or improved with a structure of the following type: A Single or 1-4 Family \_\_\_\_\_ Condo Unit \_\_\_\_\_ Other \_\_\_\_\_

Improvements, remodeling or repairs to this property have been made within the past six months: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have all costs for labor and materials arising in connection therewith been paid in full? Yes \_\_\_\_\_ No \_\_\_\_\_

Any current loans on property? \_\_\_\_\_ If yes, complete the following:

Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_ Loan Account # \_\_\_\_\_

Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_ Loan Account # \_\_\_\_\_

\*\*\*\*\*

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

(Note: If applicable, both spouses/domestic partners must sign.)

**THANK YOU.**

**2022****Real Estate Withholding Statement****593**AMENDED: ☐ ☐

Escrow or Exchange No. 10257432-GLE-MP

**Part I Remitter Information** ☒ REEP ☐ Qualified Intermediary ☐ Buyer/Transferee ☐ Other

Business name Pacific Coast Title Company			<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. 95-2569776		
First name	Initial	Last name	SSN or ITIN		
Address (apt./ste., room, PO box, or PMB no.) 516 Burchett St.					
City (If you have a foreign address, see instructions.) Glendale			State CA	ZIP code 91203	Telephone number (818) 662-6700

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

First name/Grantor	Initial	Last name/Grantor	SSN or ITIN		
Spouse's/RDP's first name (if jointly owned)	Initial	Last name	Spouse's/RDP's SSN or ITIN (if jointly owned)		
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
Property address (provide street address, parcel number, and county) Lots/APN: 210-021-30-00-1 and 210-021-29-00-9, Bakersfield, CA 93301 / APN: 210-021-29-00, 210-021-30-00 / Kern County					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 (or decedent's, if sold by the decedent's estate or trust) principal residence under Internal Revenue Code (IRC) Section 121.
2. ☒ ☐ The seller (or decedent, if sold by the decedent's estate or trust) last used the property as the seller's (decedent'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 income tax purposes on this sale. Complete Part VI, Computation on Side 2.
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 (property transferred to a corporation controlled by the transferor) or IRC Section 721 (property contributed to a partnership in exchange for a partnership interest).
6. ☒ ☐ The seller is a corporation (or a limited liability company (LLC) classified as a corporation for federal and California income tax purposes) that is either qualified through the California Secretary of State or has a permanent place of business in California.
7. ☒ ☐ The seller is a California partnership or qualified to do business in California (or an LLC that is classified as a partnership for federal and California income tax purposes that is not a single member LLC that is disregarded for federal and California 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.

If you checked one or more boxes in line 1 through line 9, withholding is not required. **Do not** complete Part IV. 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.

**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. See instructions for Form 593, Part IV.
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 at the close of escrow. Complete Part V, Buyer/Transferee Information on Side 2. Withholding may be required.
12. ☒ ☐ **No exemptions apply.** Check this box if the exemptions in Part III or Part IV, line 10 and 11, do not apply. Remitter must complete Part VII, Escrow or Exchange Information, on Side 3 for amounts to withhold. Withholding is required.

Escrow or Exchange No.

Remitter name  
Pacific Coast Title Company

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.  
95-2569776

## Part V Buyer/Transferee Information

Complete this part 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 Note	Installment Amount	Interest Rate	Repayment Period
.	.	%	Number of months

## Buyer's/Transferee's Acknowledgment to Withhold

Read the "Buyer/Transferee" Information below.

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 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 (FTB) 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 FTB 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 FTB. I understand that the FTB 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 FTB by the due date, or if I do not send one copy of Form 593 to the seller/transferor by the due date. **Go to Side 3, complete the perjury statement and sign.**

## 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.....	⊙ 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.....	⊙ 22	_____
23. Other increases to basis.....	⊙ 23	_____
24. Total increases to basis. Add line 22 and line 23.....	24	_____
25. Adjusted basis. Add line 21 and line 24.....	⊙ 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, skip lines 29 and 30. Certify on Side 3. Withholding is not required.		
If you have a gain, go to line 29 to calculate your withholding.....	28	_____

Escrow or Exchange No.

Remitter name  
Pacific Coast Title Company

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.  
95-2569776

**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 36, Boxes B-H, and enter the amount on line 37.....**29**

**30. Sales price withholding amount.** Multiply the selling price on line 13 by 3 1/3% (.0333).

This is the sales price withholding amount. If you select the **sales price withholding amount**, check box A on line 36 below and enter the amount on line 37.....**30**

**Part VII Escrow or Exchange Information**

**31.** Escrow or Exchange Number.....● **31** 10257432-GLE-MP

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

**33.** Sales Price, Failed Exchange, or Boot Amount \$.....x Ownership Percentage .....% ● **33**

**34.** Amount that should have been withheld .....■ **34**

**35. Type of Transaction (Check One Only): ●**

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

**36. Withholding Calculation (Check One Only): ●****Sales Price Method**

- A** ☐ 3 1/3% (.0333) x 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

**37.** Amount Withheld from this Seller/Transferor.....■ **37**

**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.**

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

**Perjury Statement**

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(es):

- ☐ 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, box 10 or 11.  
☐ The seller has elected the Alternative Withholding Calculation as indicated by a check mark in Part VII, line 36 (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. The buyer/transferee should only check this box when involved in an installment sale.  
☐ The Remitter (Qualified Intermediary) acknowledges this is a cash poor transaction as indicated by a check mark in Part VII, line 35, box E.

**Sign  
Here**

It is unlawful to forge a spouse's/RDP's signature.

Seller's/Transferor's signature <b>X</b>	Date
Seller's/Transferor's spouse's/RDP's signature <b>X</b>	Date
Buyer's/Transferee's signature <b>X</b>	Date
Buyer's/Transferee's spouse's/RDP's signature <b>X</b>	Date
Remitter's name and Title/Escrow business name Pacific Coast Title Company	Telephone Number 714-516-6700


**Proceeds from Real Estate Transactions as required by the Internal Revenue Service**

You are required by law to provide Pacific Coast Title Company with your correct taxpayer identification number. If you do not provide your correct taxpayer identification number, you may be subject to civil or criminal penalties imposed by law.

Branch Address:  
Pacific Coast Title Company

This is important tax information and is being furnished to the Internal Revenue Service, as required by section 1521 of the Tax Reform Act of 1986. If you are required to file a return, a negligence penalty or other sanction will be imposed if this income is taxable and the IRS determines that it has not been reported.

Escrow No.:

Date of closing: \_\_\_\_\_

**PROPERTY ADDRESS OR LEGAL DESCRIPTION**

Lots/APN:

Assessors Parcel Number (APN) - \_\_\_\_\_

**PROCEEDS FOR THIS SALE WENT TO:** (MULTIPLE SELLERS - Use one form for each seller. Treat husband and wife as one seller (filing joint tax returns) unless requested otherwise, then separate forms must be used.)

- |   |  |
|---|--|
| 1. _____<br>Sellers Name (First, MI, Last or Entity Name) | _____ Federal Tax ID# for this seller<br>(List only the Tax ID# for the seller listed on Line 1, spouse Tax ID# not required. Executor/Trustee should not list their name as the seller unless they are going to report the proceeds on their personal income tax return.) |
| 2. _____<br>Spouse or Personal Representative             |  |

**TOTAL CONSIDERATION**

\$ \_\_\_\_\_ Total Consideration  
 \_\_\_\_\_ % Percentage of ownership for this seller  
 \$ \_\_\_\_\_ GROSS Allocated Proceeds  
 (Total consideration multiplied by percentage of ownership)

☐ Exchange (If checked)

\$ \_\_\_\_\_ Tax Credit to Seller (Real property tax credits to seller contained in the 400 series of the HUD-1 or comparable closing statement form.)

**MAILING ADDRESS AFTER CLOSE:**

_____ _____ _____	<input type="checkbox"/> Check here if the address is outside of the U.S.A.  <input type="checkbox"/> Check here if you are a foreign person per IRS regulations (nonresident alien, foreign partnership, foreign estate, or foreign trust.) Do not sign below.
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Under penalty of perjury, I certify that I am a U.S. person or U.S. resident alien and the number shown on this statement is my correct taxpayer identification number.

\_\_\_\_\_  
Transferor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date