



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

Date:
Escrow Officer:

Escrow No.:
Title No.:

PROCEEDS/REFUND DISBURSEMENT INSTRUCTIONS

The Undersigned hereby authorizes and directs **Pacific Coast Title Company** to disburse proceeds as follows:

- ☐ TRANSFER () All Net Proceeds, or () \$ _____
To: _____ Attn: _____ Escrow No.: _____
- ☐ HOLD check for PICK-UP
- ☐ CALL when check is ready for PICK-UP, PHONE NUMBER _____
- ☐ MAIL ☐ FEDERAL EXPRESS check to _____
- ☐ WIRE: To wire transfer funds, as indicated below, to the Receiving Bank and Account identified below. The undersigned warrants that the information provided in this Authorization is complete and accurate.

____ NET PROCEEDS DUE THE UNDERSIGNED

____ \$ _____

____ OTHER: _____

Receiving Bank Name: _____

City/State: _____

ABA Number: _____

Account Name: _____

Account Number: _____

Notify: _____ Phone: _____

NOTICE: We will call and verify provided wire instructions prior to releasing any wire. Provide the best contact person and phone number to verify this information at the time of releasing funds.

Contact/Phone: _____

Please note: all funds must be sent in the name(s) of all the listed undersigned parties. Funds will be distributed as the names appear below. If your transaction is closing in the name of your Trust, all proceeds must be made payable to the name of the Trust.

Provided that the funds are wire transferred in accordance with these instructions, **Pacific Coast Title Company** shall not be liable for any act or omission of any financial institution or any other person, nor shall **Pacific Coast Title Company** have any liability for loss of funds or interest thereon. In no event will damages exceed interest at a rate equal to Federal Funds rate, adjusted daily, for the number of days that such funds are unavailable.

The undersigned shall indemnify and hold harmless **Pacific Coast Title Company**, its successors or assigns, from any loss, liability and cost incurred as a result of any incorrect information supplied.

In no event shall **Pacific Coast Title Company** be liable for any special, consequential, indirect or incidental damages, regardless of whether any claim is based on contract or tort whether the likelihood of such damage was known to **Pacific Coast Title Company**.

SIGNATURE(S):



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Date:

ESCROW NO.:

TITLE NO.:

YOU AS ESCROW HOLDER ARE AUTHORIZED TO SHOW VESTING ON THE GRANT DEED TO RECORD AS FOLLOWS:

Names: _____

PLEASE MARK APPROPRIATE CHOICE FOR STATUS:

- _____ Husband and Wife
- _____ Wife and Husband
- _____ A Married Couple
- _____ A Single Man (never married)
- _____ A Single Woman (never married)
- _____ A Single Person (never married)
- _____ A Married Man (as his sole and separate property)*
- _____ A Married Woman (as her sole and separate property)*
- _____ A Married Person (as his/her sole and separate property)*
- * Please indicate name of spouse so interspousal deed may be drawn:

- _____ An Unmarried Man (divorced)
- _____ An Unmarried Woman (divorced)
- _____ An Unmarried Person (divorced)
- _____ A Widow (spouse deceased)
- _____ A Widower (spouse deceased)
- _____ Registered Domestic Partners

PLEASE MARK APPROPRIATE CHOICE FOR VESTING:

- _____ Community Property
- _____ Community Property with Right of Survivorship
- _____ Joint Tenants
- _____ Tenants In Common (Please Give Interest Amounts)
- _____ Sole and Separate Property (If Married or Domestic Partnership, an Interspousal Grant Deed, A Quitclaim Deed, Statement Of Information and Appropriate Instructions Will Need To Be Submitted.)
- _____ Partnership (Limited Or General) _____
- _____ Corporation (California Or Other State) _____
- _____ A Trust (attach copy of Trust Agreement)
- _____ Other _____

Escrow Holder advises the parties hereto to seek legal counsel with their attorney and/or accountant as to how they should hold title.

(vesting information)



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TO: Pacific Coast Title Company

DATE:
ESCROW NO.:
TITLE NO.:
PROPERTY ADDRESS:

PRELIMINARY REPORT APPROVAL

I have read the Preliminary Report dated _____ covering the property described in your above numbered escrow, and approve the Policy of Title Insurance to be issued to me as required by my instructions to include as encumbrances therein Item Nos. 1, 4-9 of said report, in addition, to those specific items described in my escrow instructions or created by me. Legal description is also hereby approved.

[Buyer acknowledges receipt of CC&Rs.]

[I hereby acknowledge receipt of copy of said Preliminary Report and the report has satisfied, or by this acknowledgement we waive, the condition as listed under Paragraph 13A of the purchase agreement.]

Dated: _____



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WIRING INFORMATION

Escrow No.:

Title No.:

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

BANK: Nano Banc, 7700 Irvine Center Drive, Suite 700, Irvine, CA 92618

ROUTING NO: 122245251

ACCOUNT NO: Credit to Pacific Coast Title Company in trust for
account number 6100100846

PLEASE REFER TO OUR ESCROW NO.

WIRED FUNDS are preferred, as the funds are immediately posted and available.

ANY CASHIER CHECKS should be made payable to Pacific Coast Title Company, reference the escrow number noted above. Funds received by Cashier's Checks require overnight clearing prior to any close of escrow.

Personal checks require bank clearance and your proof from your bank of your paid check.

Delays in closing are likely if these guidelines are not followed. Pacific Coast Title Company does not accept any responsibility for these delays to your closing.

Please Note: Our office does not accept ACH transfers. These instructions are for the purpose of sending wire transfers only.

NOTE THE FOLLOWING IS NOT ACCEPTABLE AND CAN *SIGNIFICANTLY DELAY YOUR CLOSING*:

OFFICIAL CHECKS & CERTIFIED CHECKS - are not a Cashier's Check and are subject to a waiting period of 3-7 days and verification of cleared funds.

ON-LINE TRANSFERS OR ACH CREDITS- these can be recalled by the sender and therefore are not acceptable as they do not meet existing government guidelines of "Good Funds". Your bank may offer this option at a lower cost, DO NOT ACCEPT!

DIRECT DEPOSIT- This could cause a significant delay in your closing.

(wire info-domestic)

PRELIMINARY CHANGE OF OWNERSHIP REPORT

To be completed by the transferee (buyer) prior to a transfer of subject property, in accordance with section 480.3 of the Revenue and Taxation Code. A *Preliminary Change of Ownership Report* must **be filed with each conveyance in the County Recorder's office for the county where the property is located.**

NAME AND MAILING ADDRESS OF BUYER/TRANSFEEE
(Make necessary corrections to the printed name and mailing address)

Mordechai Citronenbaum
348 Hauser Blvd. #1-110
Los Angeles, CA 90036

ASSESSOR'S PARCEL NUMBER

SELLER/TRANSFEROR

BUYER'S DAYTIME TELEPHONE NUMBER

BUYER'S EMAIL ADDRESS

<input type="checkbox"/> YES	<input type="checkbox"/> NO	This property is intended as my principal residence. If YES, please indicate the date of occupancy or intended occupancy.	MO	DAY	YEAR
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you a disabled veteran or a unmarried surviving spouse of a disabled veteran who was compensated at 100% by the Department of Veterans Affairs?			

MAIL PROPERTY TAX INFORMATION TO (NAME)

Mordechai Citronenbaum

MAIL PROPERTY TAX INFORMATION TO (ADDRESS)

CITY

STATE

ZIP CODE

PART 1. TRANSFER INFORMATION*Please complete all statements.*

This section contains possible exclusions from reassessment for certain types of transfers.

YES NO

- ☐ ☐ A. This transfer is solely between spouses (*addition or removal of a spouse, death of a spouse, divorce settlement, etc.*).
- ☐ ☐ B. This transfer is solely between domestic partners currently registered with the California Secretary of State (*addition or removal of a partner, death of a partner, termination settlement, etc.*).
- ☐ ☐ * C. This is a transfer: ☐ between parent(s) and child(ren) ☐ between grandparent(s) and grandchild(ren).
Was this the transferor/grantor's principal residence? ☐ YES ☐ NO
- ☐ ☐ * D. This transfer is the result of a cotenant's death. Date of death _____
- ☐ ☐ * E. This transaction is to replace a principal residence owned by a person 55 years of age or older.
Within the same county? ☐ YES ☐ NO
- ☐ ☐ * F. This transaction is to replace a principal residence by a person who is severely disabled.
Within the same county? ☐ YES ☐ NO
- ☐ ☐ * G. This transaction is to replace a principal residence substantially damaged or destroyed by a wildfire or natural disaster for which the Governor proclaimed a state of emergency. Within the same county? ☐ YES ☐ NO
- ☐ ☐ H. This transaction is only a correction of the name(s) of the person(s) holding title to the property (*e.g., a name change upon marriage*).
If YES, please explain: _____
- ☐ ☐ I. The recorded document creates, terminates, or reconveys a lender's interest in the property.
- ☐ ☐ J. This transaction is recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (*e.g., cosigner*). If YES, please explain: _____
- ☐ ☐ K. The recorded document substitutes a trustee of a trust, mortgage, or other similar document.
- ☐ ☐ L. This is a transfer of property:
- ☐ ☐ 1. to/from a revocable trust that may be revoked by the transferor and is for the benefit of
☐ the transferor, and/or ☐ the transferor's spouse ☐ registered domestic partner.
- ☐ ☐ 2. to/from an irrevocable trust for the benefit of the
☐ creator/grantor/trustor and/or ☐ grantor's/trustor's spouse ☐ grantor's/trustor's registered domestic partner.
- ☐ ☐ M. This property is subject to a lease with a remaining lease term of 35 years or more including written options.
- ☐ ☐ N. This is a transfer between parties in which proportional interests of the transferor(s) and transferee(s) in each and every parcel being transferred remain exactly the same after the transfer.
- ☐ ☐ O. This is a transfer subject to subsidized low-income housing requirements with governmentally imposed restrictions, or restrictions imposed by specified nonprofit corporations.
- ☐ ☐ * P. This transfer is to the first purchaser of a new building containing an active solar energy system.
- ☐ ☐ Q. Other. This transfer is to _____

* Please refer to the instructions for Part 1.

Please provide any other information that will help the Assessor understand the nature of the transfer.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

The Assessor's office may contact you for additional information regarding this transaction.

ADDITIONAL INFORMATION

Please answer all questions in each section, and sign and complete the certification before filing. This form may be used in all 58 California counties. If a document evidencing a change in ownership is presented to the Recorder for recordation without the concurrent filing of a *Preliminary Change of Ownership Report*, the Recorder may charge an additional recording fee of twenty dollars (\$20).

NOTICE: The property which you acquired may be subject to a supplemental assessment in an amount to be determined by the County Assessor. Supplemental assessments are not paid by the title or escrow company at close of escrow, and are not included in lender impound accounts. **You may be responsible for the current or upcoming property taxes even if you do not receive the tax bill.**

NAME AND MAILING ADDRESS OF BUYER: Please make necessary corrections to the printed name and mailing address. Enter Assessor's Parcel Number, name of seller, buyer's daytime telephone number, buyer's email address, and street address or physical location of the real property.

NOTE: Your telephone number and/or email address is very important. If there is a question or a problem, the Assessor needs to be able to contact you.

MAIL PROPERTY TAX INFORMATION TO: Enter the name, address, city, state, and zip code where property tax information should be mailed. This must be a valid mailing address.

PRINCIPAL RESIDENCE: To help you determine your principal residence, consider (1) where you are registered to vote, (2) the home address on your automobile registration, and (3) where you normally return after work. If after considering these criteria you are still uncertain, choose the place at which you have spent the major portion of your time this year. Check YES if the property is intended as your principal residence, and indicate the date of occupancy or intended occupancy.

DISABLED VETERAN: If you checked YES, you may qualify for a property tax exemption. **A claim form must be filed and all requirements met in order to obtain the exemption. Please contact the Assessor for a claim form.**

PART 1: TRANSFER INFORMATION

If you check YES to any of these statements, the Assessor may ask for supporting documentation.

C, D, E, F, G: If you checked YES to any of these statements, you may qualify for a property tax reassessment exclusion, which may allow you to maintain your property's previous tax base. **A claim form must be filed and all requirements met in order to obtain any of these exclusions.** Contact the Assessor for claim forms. **NOTE:** If you give someone money or property during your life, you may be subject to federal gift tax. You make a gift if you give property (including money), the use of property, or the right to receive income from property without expecting to receive something of at least equal value in return. The transferor (donor) may be required to file Form 709, Federal Gift Tax Return, with the Internal Revenue Service if they make gifts in excess of the annual exclusion amount.

H: Check YES if the reason for recording is to correct a name already on title [e.g., Mary Jones, who acquired title as Mary J. Smith, is granting to Mary Jones]. This is not for use when a name is being removed from title.

I: Check YES if the change involves a lender, who holds title for security purposes on a loan, and who has no other beneficial interest in the property.

"Beneficial interest" is the right to enjoy all the benefits of property ownership. Those benefits include the right to use, sell, mortgage, or lease the property to another. A beneficial interest can be held by the beneficiary of a trust, while legal control of the trust is held by the trustee.

J: A **"cosigner"** is a third party to a mortgage/loan who provides a guarantee that a loan will be repaid. The cosigner signs an agreement with the lender stating that if the borrower fails to repay the loan, the cosigner will assume legal liability for it.

N: This is primarily for use when the transfer is into, out of, or between legal entities such as partnerships, corporations, or limited liability companies. Check YES only if the individuals and the interest held in each remains exactly the same in each and every parcel being transferred.

O: Check YES only if this property is subject to a government or nonprofit affordable housing program that imposes restrictions. Property may qualify for a restricted valuation method (i.e., may result in lower taxes).

P: If you checked YES, you may qualify for a new construction property tax exclusion. **A claim form must be filed and all requirements met in order to obtain the exclusion. Contact the Assessor for a claim form.**

PART 2: OTHER TRANSFER INFORMATION

A: The date of recording is rebuttably presumed to be the date of transfer. If you believe the date of transfer was a different date (e.g., the transfer was by an unrecorded contract, or a lease identifies a specific start date), put the date you believe is the correct transfer date. If it is not the date of recording, the Assessor may ask you for supporting documentation.

B: Check the box that corresponds to the type of transfer. If OTHER is checked, please provide a detailed description. Attach a separate sheet if necessary.

C: If this transfer was the result of an inheritance following the death of the property owner, please complete a *Change in Ownership Statement, Death of Real Property Owner*, form BOE-502-D, if not already filed with the Assessor's office.

PART 3: PURCHASE PRICE AND TERMS OF SALE

It is important to complete this section completely and accurately. The reported purchase price and terms of sale are important factors in determining the assessed value of the property, which is used to calculate your property tax bill. Your failure to provide any required or requested information may result in an inaccurate assessment of the property and in an overpayment or underpayment of taxes.

A. Enter the total purchase price, not including closing costs or mortgage insurance.

"Mortgage insurance" is insurance protecting a lender against loss from a mortgagor's default, issued by the FHA or a private mortgage insurer.

B. Enter the amount of the down payment, whether paid in cash or by an exchange. If through an exchange, exclude the closing costs.

"Closing costs" are fees and expenses, over and above the price of the property, incurred by the buyer and/or seller, which include title searches, lawyer's fees, survey charges, and document recording fees.

C. Enter the amount of the First Deed of Trust, if any. Check all the applicable boxes, and complete the information requested.

A **"balloon payment"** is the final installment of a loan to be paid in an amount that is disproportionately larger than the regular installment.

D. Enter the amount of the Second Deed of Trust, if any. Check all the applicable boxes, and complete the information requested.

E. If there was an assumption of an improvement bond or other public financing with a remaining balance, enter the outstanding balance, and mark the applicable box.

An **"improvement bond or other public financing"** is a lien against real property due to property-specific improvement financing, such as green or solar construction financing, assessment district bonds, Mello-Roos (a form of financing that can be used by cities, counties and special districts to finance major improvements and services within the particular district) or general improvement bonds, etc. Amounts for repayment of contractual assessments are included with the annual property tax bill.

F. Enter the amount of any real estate commission fees paid by the buyer which are not included in the purchase price.

G. If the property was purchased through a real estate broker, check that box and enter the broker's name and phone number. If the property was purchased directly from the seller (who is not a family member of one of the parties purchasing the property), check the "Direct from seller" box. If the property was purchased directly from a member of your family, or a family member of one of the parties who is purchasing the property, check the "From a family member" box and indicate the relationship of the family member (e.g., father, aunt, cousin, etc.). If the property was purchased by some other means (e.g., over the Internet, at auction, etc.), check the "OTHER" box and provide a detailed description (attach a separate sheet if necessary).

H. Describe any special terms (e.g., seller retains an unrecorded life estate in a portion of the property, etc.), seller concessions (e.g., seller agrees to replace roof, seller agrees to certain interior finish work, etc.), broker/agent fees waived (e.g., fees waived by the broker/agent for either the buyer or seller), financing, buyer paid commissions, and any other information that will assist the Assessor in determining the value of the property.

PART 4: PROPERTY INFORMATION

A. Indicate the property type or property right transferred. Property rights may include water, timber, mineral rights, etc.

B. Check YES if personal, business property or incentives are included in the purchase price in Part 3. Examples of personal or business property are furniture, farm equipment, machinery, etc. Examples of incentives are club memberships (golf, health, etc.), ski lift tickets, homeowners' dues, etc. Attach a list of items and their purchase price allocation. An adjustment will not be made if a detailed list is not provided.

C. Check YES if a manufactured home or homes are included in the purchase price. Indicate the purchase price directly attributable to each of the manufactured homes. If the manufactured home is registered through the Department of Motor Vehicles in lieu of being subject to property taxes, check NO and enter the decal number.

D. Check YES if the property was purchased or acquired with the intent to rent or lease it out to generate income, and indicate the source of that anticipated income. Check NO if the property will not generate income, or was purchased with the intent of being owner-occupied.

E. Provide your opinion of the condition of the property at the time of purchase. If the property is in "fair" or "poor" condition, include a brief description of repair needed.



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BUYER'S ESCROW INFORMATION SHEET

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. Buyer(s): _____
Home Phone Number: () _____ Work Phone Number: () _____
E-Mail Address: _____ Fax Number: () _____
Social Security #: _____ Social Security #: _____
Buyer(s) Current Mailing Address: _____

2. Buyer(s) Mailing Address After Close Of Escrow: _____

3. New Loan(s) Buyer(s) Are Applying For:

Name Of Lender: _____

Address: _____

Agent's Name: _____ Phone Number: () _____

Name Of Lender: _____

Address: _____

Agent's Name: _____ Phone Number: () _____

5. New Insurance:

Agent's Name: _____ Phone Number: () _____

Agent's Address: _____

Insurance Company: _____

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

Dated: _____

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)

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)

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.