



2601 Main Street, Suite 400, Irvine, CA 92614  
949-252-8020 | www.val-chris.com  
DRE #01002882 | NMLS #243299 | DFPI #603 5063

## LOAN APPLICATION CHECKLIST

Please send the following items at the same time, with each item as a separate file

- Loan application – “Classic” 1003
- Tri-Merge Credit Report (60 days or newer)
- Borrower Contact Certification (blank form attached)
- Borrower W-9 (blank form attached)
- Certificate of Business Purpose, with specific business purpose listed (blank form attached)
- Purpose Letter stating what funds will be used for – **MUST BE HANDWRITTEN** (blank form attached)
- Borrower Authorization for Val-Chris Investments (blank form attached)
- Notice of Right to Receive Appraisal (blank form attached)
- Statement of Information on all parties (blank form attached)
- Appraisal in Val-Chris Investments' name (from Approved Appraisers List)
- Evidence of Insurance
- Copy of Borrower(s) Government Issued ID (front and back)
- Preliminary Title Report (see our preferred title and escrow companies. We will open on our end on refinances; you are only required to provide in purchase transactions.)

### IF APPLICABLE

- Purchase Agreement
- Current Mortgage Statement for ALL existing Liens and/or payoff contact info
- Promissory Note or Note Modifications on all senior liens
- Copy of Lease/Rental Agreements
- Certificate of Non-Owner Occupancy Certificate (blank form attached)
- Copy of Trust and/or Trust Cert. **Please note: If vesting in a trust, you must have a bank account in the name of the trust for funds to be disbursed.**
- Corp./LLC Documents (Articles of Org/Incorp., W-9, Bylaws/Operating Agreement & Corp. Resolution)
- Current HOA Statement
- Competency Age Letter on Doctor, Lawyer or Accountant Letterhead for borrowers 65 or older at the close of escrow

### Borrower Vesting:

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Enter vesting exactly as it should appear

### Broker to Be Paid:

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Enter broker name to be paid



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## **FUNDING PROCESS & TIME FRAMES**

(TYPICAL TIME FRAME - 5 to 14 days)

### **1. PRE-APPROVAL (1 to 24 hours)**

>Basic deal information is collected and reviewed

### **2. APPROVAL (1 to 72 hours)**

>Application package + Appraisal is reviewed by underwriting

### **3. DOCS (24 to 48 hours)**

>Loan documents are prepared

### **4. DOC SIGNING (24 to 72 hours)**

>Borrower(s) sign loan documents with notary

### **5. DOC REVIEW (24 to 72 hours)**

>Final funding conditions are delivered

### **6. FUNDING (24 to 48 hours)**

>Funding is initiated the day after conditions are met

### **7. CLOSING (24 to 48 hours)**

>Recording initiated with the county and funds are disbursed.



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## DOC FEE WORKSHEET

<b>Loan Amount</b>	<b>Doc Fee Amount</b>
Up to \$100,000	\$1,295
Up to \$250,000	\$1,495
Up to \$1,000,000	\$1,595
Over \$1,000,000	\$1,795
Commercial Docs	Add \$200



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## Accepted Title and Escrow Companies for Refinance Transactions

Val-Chris Investments will now handle opening all escrow and title orders. As the lender, we feel it is our responsibility to handle these duties so the broker has a “one-stop shop” feel with our company. We are dedicated to providing a top level of service and feel these escrow and title companies will provide the same. If Title and Escrow are already opened, your Val-Chris representative will change it over for you.

The companies we will be opening orders with are the following:

### TITLE

#### **Pacific Coast Title (CA & AZ)**

Contact: Sandra Millar  
[smillar@pct.com](mailto:smillar@pct.com) | 714-323-2360

#### **Sunbelt Title Agency (FL)**

Contact: Rhonda Hale  
[Statewideservices@sunbeltitle.com](mailto:Statewideservices@sunbeltitle.com)

#### **Momentum Title (TX)**

Contact: Brett Barisch  
[info3@momentumtitletx.com](mailto:info3@momentumtitletx.com) | 281-378-4700

#### **Ho'Okele Title & Escrow (HI)**

Contact: Laureen Leong  
[laureen.leong@htehi.com](mailto:laureen.leong@htehi.com) | 808-426-77909

### ESCROW

#### **Pacific Coast Title (CA & AZ)**

Contact: Sandra Millar  
[smillar@pct.com](mailto:smillar@pct.com) | 714-323-2360

#### **Shalimar Escrow (CA)**

Contact: Melanie Rountree  
[Melanie.Rountree@shalimar-escrow.com](mailto:Melanie.Rountree@shalimar-escrow.com) | 714-964-3103

#### **Hana Escrow Company(CA)**

Contact: Mimi Kim  
[Mimi@hanaescrowinc.com](mailto:Mimi@hanaescrowinc.com) | 714-888-7106

#### **Clear Escrow (CA)**

Contact: Soo Moon  
[soo@ClearEscrow.net](mailto:soo@ClearEscrow.net) | 949-519-0100

**For other states, please contact your Account Executive for more information.**

## IF AN LLC OR CORPORATION IS BEING USED, PLEASE INCLUDE THE FOLLOWING

Title will require the following documents in order to insure a conveyance or encumbrance by the limited liability company named below:

### **Limited Liability Company:**

- (a) A certified copy of the articles of organization (LLC-1), and any amendment (LLC-2) or restatement (LLC-10) to be recorded in the appropriate county.
- (b) A copy of the operating agreement and any amendment.
- (c) Other requirements that the Company may set forth following its review of said documents (typically a Certificate of Good Standing from the State of California)
- (d) If the LLC was formed outside the state of California, title will likely need a copy of their LLC-5 also (Application to Register a Foreign Limited Liability Company) – this can take 2 weeks to get if they don't have one.

Title will require the following documents, in order to insure a conveyance or encumbrance by the corporation or unincorporated association named below:

### **Corporation**

- (a) A copy of the corporation By-Laws or Articles.
- (b) An original or certified copy of the Resolution authorizing the subject transaction.
- (c) If the Articles or By-Laws require approval by a "parent" organization, we will also require a copy of those By-Laws or Articles.
- (d) If an unincorporated association, a statement pursuant to applicable law (such as California Corporation Code Section 20002).



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## BORROWER CONTACT CERTIFICATION

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

BORROWER: \_\_\_\_\_

I hereby certify that the subject property for the loan is located at the address indicated below, and that the correct mailing address of the Borrower is also indicated below:

The complete **ADDRESS FOR THE SUBJECT PROPERTY** is:

\_\_\_\_\_

The complete **MAILING ADDRESS OF THE BORROWER** is:

\_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION FOR EACH BORROWER OR SIGNATORY FOR THE BORROWER:

Borrower 1

Borrower 2

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Number # \_\_\_\_\_

Work Number # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

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

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Borrower Signature

By signing this certification, I consent and authorize you to contact me at the numbers listed above and furthermore I authorize you to contact me and send me information via e-mail.

**ALL INFORMATION MUST BE COMPLETED BEFORE WE ARE ABLE TO ORDER LOAN DOCUMENTS.**

**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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**2** Business name/disregarded entity name, if different from above

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**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ \_\_\_\_\_

C Corporation

S Corporation

Partnership

Trust/estate

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

**Requester's name and address (optional)**

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>								
				-			-	
<b>or</b>								
<b>Employer identification number</b>								
				-				

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>

**General Instructions**

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

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

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

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

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

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



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**CERTIFICATE OF BUSINESS PURPOSE OF LOAN**

Borrower certifies to Val-Chris Investments, Inc. ("Originator") as follows:

1. I have applied to Originator for a trust deed loan of \$\_\_\_\_\_ secured by the real property at \_\_\_\_\_ (the "Loan")
2. Originator has stressed to me the importance of knowing the primary purpose of the Loan. I know that the legal responsibilities of Originator vary considerably depending on whether the Loan is a consumer loan (for personal, household, or family purposes), or a business loan.
3. I have represented to Originator and again represent to Originator that all of the purposes of the loan, exclusive of commissions and loan expenses incurred to obtain the Loan are:

<u>Purpose</u>	<u>Approximate Amount</u>
A.	\$
B.	\$
C.	\$
D.	\$
4. The <u>primary</u> purpose of the Loan is to finance the business enterprise known as _____ that is in the business of _____.	

5. No part of the Loan proceeds are intended to be used for a nonbusiness (i.e., consumer) purpose except:

<u>Purpose</u>	<u>Approximate Amount</u>
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The lender, broker, assignees, and successors of the Originator may rely upon this certificate. I declare under penalty of perjury that the foregoing Certificate is true and correct.

Borrower (Print Name)	Signature	Date
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Borrower (Print Name)	Signature	Date
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### LOAN PURPOSE LETTER

PROPERTY ADDRESS: \_\_\_\_\_

PURPOSE OF LOAN: **Must be handwritten and wet signed**

\_\_\_\_\_  
Borrower (Print Name)                      Signature                      Date

\_\_\_\_\_  
Borrower (Print Name)                      Signature                      Date

# Borrower Signature Authorization

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under = its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. Seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD);and Title 42 USC, 1471 et. Seq., or 7 USC, 1921 et. Seq. (if USDA/FmHA).

## Part 1: General Information

<b>1. Borrower(s)</b>	<b>2. Name and address of Lender/Broker</b> Val-Chris Investments, Inc. 2601 Main Street, Suite 400 Irvine, CA 92614 Phone: 949-252-8020
-----------------------	--

Date

## Part 2: Borrower Authorization

I hereby authorize the Lender/Broker to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan application. I further authorize the Lender/Broker to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

The information the Lender/Broker obtains is only to be used in the processing of my application for a mortgage loan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## NOTICE TO APPLICANT OF RIGHT TO RECEIVE COPY OF APPRAISAL

**Property Address:** \_\_\_\_\_

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

---

Borrower Signature

Date

---

Borrower Signature

Date

I waive my right to receive a copy of the appraisal 3 days prior to consummation, as long as I receive a copy of the appraisal at or prior to consummation.

---

Borrower Signature

Date

---

Borrower Signature

Date

**CONFIDENTIAL STATEMENT OF INFORMATION**

P  
A  
R  
T  
Y  
  
O  
N  
E

FULL NAME: \_\_\_\_\_

FORMER LAST NAME(S), IF ANY: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER LICENSE NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

I AM:  SINGLE  MARRIED  HAVE A DOMESTIC PARTNER

NAME OF CURRENT SPOUSE/ DOMESTIC PARTNER (IF DIFFERENT FROM PARTY 2): \_\_\_\_\_

NAME OF FORMER SPOUSE/ DOMESTIC PARTNER (IF NONE, WRITE "NONE"): \_\_\_\_\_

P  
A  
R  
T  
Y  
  
T  
W  
O

FULL NAME: \_\_\_\_\_

FORMER LAST NAME(S), IF ANY: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER LICENSE NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

I AM:  SINGLE  MARRIED  HAVE A DOMESTIC PARTNER

NAME OF CURRENT SPOUSE/ DOMESTIC PARTNER (IF DIFFERENT FROM PARTY 1): \_\_\_\_\_

NAME OF FORMER SPOUSE/ DOMESTIC PARTNER (IF NONE, WRITE "NONE"): \_\_\_\_\_

**RESIDENCES IN THE LAST 10 YEARS (NUMBER, STREET, CITY, STATE, ZIP; FROM DATE - TO DATE):**

PARTY 1: \_\_\_\_\_

\_\_\_\_\_

PARTY 2: \_\_\_\_\_

\_\_\_\_\_

**OCCUPATIONS IN THE LAST 10 YEARS: (OCCUPATION, FIRM NAME, ADDRESS, NUMBER OF YEARS):**

PARTY 1: \_\_\_\_\_

\_\_\_\_\_

PARTY 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARTY 1 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTY 2 SIGNATURE

\_\_\_\_\_  
DATE

## Automated Payments (ACH) Customer Authorization

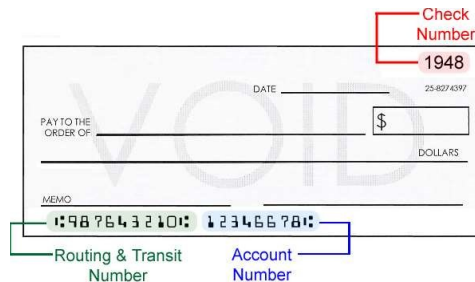
This allows your monthly interest payments and payoffs to be directly deposited into your account. Please complete the information below so we may get you set up.

Name			
Address	City	State	Zip Code
Phone Number	E-Mail Address		

### Banking Information

Name of Primary Bank	Name of Account
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Phone Number
Bank Routing Number (see example below)	Bank Account Number (see example below)

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**



I hereby authorize a monthly ACH electronic debit from the account designated above to be paid to Val-Chris Investments, ISAOA, in payment for services rendered to me, not to exceed the amount agreed to by me below.

I further understand that should my bank dishonor my automated payment for insufficient or uncollected funds, the original amount, plus an additional transaction in the amount of the state allowed NSF check fee may be electronically debited from my account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Signature	Date
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#### **Agreed Upon Amount and Terms**

**Your payment will be due on the 1<sup>st</sup> of each month (see Promissory Note for 1<sup>st</sup> payment date).**  
**You have a 10-day grace period.**

My account will be debited on the \_\_\_\_\_ day of each month

**NOTE: Dates selected after the 11<sup>th</sup> of the month will be assess a 10% late charge**

## EXISTING LOAN AND HOA INFORMATION SHEET

Escrow No.:

Property Address:

In order to proceed with the above referenced escrow, we need the following information about your property. **PLEASE COMPLETE, SIGN, AND RETURN** this form to our office as soon as possible.

**FIRST LOAN:** Name of Lender: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Loan No.: \_\_\_\_\_ Approximate Unpaid Balance: \$ \_\_\_\_\_

**SECOND LOAN:** Name of Lender: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Loan No.: \_\_\_\_\_ Approximate Unpaid Balance: \$ \_\_\_\_\_

**THIRD LOAN:** Name of Lender: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Loan No.: \_\_\_\_\_ Approximate Unpaid Balance: \$ \_\_\_\_\_

**HOA INFO:** Name of Association: \_\_\_\_\_  
Name of Management Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**INSURANCE INFORMATION:**

Name of Insurance Company: \_\_\_\_\_  
Agent's Name: \_\_\_\_\_ Quote/Premium Amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**BUYER/BORROWER INFORMATION AFTER CLOSE OF ESCROW:**

Mailing Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**( ) CHECK HERE IF CONDO AND HAZARD INSURANCE IS COVERED THROUGH ASSOCIATION**

We, the undersigned, certify that the above information is true and correct to the best of our knowledge. THE UNDERSIGNED AUTHORIZE(S) \_\_\_\_\_ TO OBTAIN THE DEMAND(S) FOR ALL ENCUMBRANCES ON SUBJECT PROPERTY. IF ANY OF THE ABOVE LOANS ARE EQUITY LINES OF CREDIT, THE BORROWER(S) ACKNOWLEDGE THE LINE OF CREDIT WILL BE FROZEN UPON ISSUANCE OF THE DEMAND(S). IF APPLICABLE, PLEASE SIGN THE ATTACHED LINE OF CREDIT FREEZE LETTER.

**BUYER(S) / BORROWER(S):**

\_\_\_\_\_  
Printed Name \_\_\_\_\_

\_\_\_\_\_  
Printed Name \_\_\_\_\_

## VESTING INFORMATION

Prior to the close of your escrow, you will need to provide us with how you wish to hold title to the real property referenced above. For your convenience, you may use the lower portion of this letter to indicate the exact name and manner of title. The manner of taking title may have significant legal and tax consequences and should be given careful consideration. It is recommended that a CPA or attorney be consulted to assist you in your decision.

Print your name(s) as you wish it to appear of record and as provided to your new lender if applicable:

---

### Marital Status and Vesting - Please check one

- Husband and Wife as Joint Tenants     Husband and Wife as Community Property  
 Husband and Wife as Community Property with Right of Survivorship  
 A Married man as his sole and separate property.  
Please provide the name of your Spouse: \_\_\_\_\_  
 A Married woman as her sole and separate property.  
Please provide the name of your Spouse: \_\_\_\_\_  
 Registered Domestic Partners as Community Property with Right of Survivorship  
 Registered Domestic Partners as Joint Tenants  
 A married couple as Joint Tenants     a married couple as Community Property  
 A married couple as Community Property with Right of Survivorship  
 Who are married to each other     as Joint Tenants     as Community Property  
 Who are married to each other as Community Property with Right of Survivorship  
 Single Man                                     Single Woman  
 Unmarried Man                                 Unmarried Woman  
 Widower                                         Widow  
 Tenants in Common - As to an undivided \_\_\_\_\_ % interest  
 In a Trust                                         as Trustee                                 as Co-Trustees  
 Name of Trust: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

Escrow Holder is authorized to complete the Grant Deed and all pertinent documents, prior to the close of escrow in accordance with the foregoing information.

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## INSURANCE DISCLOSURE

**Settlement method:** Replacement cost with the insured building value being the amount of the loan, at minimum.

- If the coverage is equal to or more than the loan balance(s) then this condition is met.

**Coverage form:** Special form property coverage is required. Basic or broad coverage forms are not acceptable.

**Coinsurance:** The policy must not include a coinsurance clause.

**Deductible:** The maximum AOP (all other perils) property deductible allowed is **\$5,000**. Exceptions are allowed for the perils of wind/hail, named windstorm, and theft and VMM (Vandalism & Malicious Mischief), if needed. Any other exceptions on a case-by-case basis.

**Insured value at the location or the AOP property deductible, whichever is greater.**

**For Owner Occupied Properties:** Homeowner's Policy

**For Non-Owner Occupied/Investment Properties:** Landlord's Policy

- Loss of rents: This coverage is required for all tenant-occupied locations.

**Flood coverage:** This coverage is required if the property is located in a high-hazard flood zone.

Coverage must be written by a carrier rated "A" or better by A.M. Best.

"Val-Chris Investments, Inc" must be listed as Mortgagee and Lenders Loss Payable as follows:

Val-Chris Investments, Inc. ISAOA  
2601 Main Street, Suite 400  
Irvine, CA 92618  
Loan no.

\_\_\_\_\_  
Borrower Signature                      date

\_\_\_\_\_  
Borrower Signature                      date