

Final Approval Within 24 Hours!

Instructions:

The forms on pages 2, 3 & 4 can be filled out in your computer screen or printed blank, then filled out.

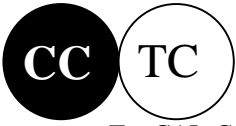
When the forms are completed, print a copy, sign them and fax to Trimark Funding, Inc. at 1-714-701-1036.

Once you have filled out these three (3) initial forms, printed, signed and faxed them back to us, we can have your approval within 24 hours.

TRIMARK FUNDING

Voice 1-714-336-0835 Fax 1-714-701-1036

email: loanman5@aol.com



Statement of Information

To: CAL-COUNTIES TITLE CO.

Order No.

To expedite the completion of your escrow, please fill out and return this form at your earliest convenience. This information is for confidential use by Cal -Counties Title Co. in searching the land title records in connection with the order number shown above. Further explanation of the need for this information is printed on the reverse side of this form.

PERSONAL IDENTIFICATION

(FIRST NAME) (FULL MIDDLE NAME - IF NONE, INDICATE) (LAST NAME) Date of Birth

Business Phone Home Phone Cell Phone

Social Security No. I have lived continuously in the U.S.A since

(If married, complete the following)

Full Name of husband / wife (FIRST NAME) (FULL MIDDLE NAME - IF NONE, INDICATE) (LAST NAME)

HIS / HER Birthplace His / Her Date of Birth

HIS / HER Social Security No. HE / SHE has lived continuously in the U.S.A. since

We were married on at

Wife's maiden name

RESIDENCES DURING PAST 10 YEARS - Present to Past

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

OCCUPATIONS DURING PAST 10 YEARS - Present to Past

Husband's FIRM NAME LOCATION / DATES

FIRM NAME LOCATION / DATES

FIRM NAME LOCATION / DATES

Wife's FIRM NAME LOCATION / DATES

FIRM NAME LOCATION / DATES

FIRM NAME LOCATION / DATES

FORMER MARRIAGE (S), IF ANY

(If no former marriage or marriages, write "None" Otherwise, please complete the following)

Name of former wife

Deceased Divorced When Where

Name of former husband

Deceased Divorced When Where

(If more space needed, use reverse side of form)

The street address of the property in this transaction is:

IMPROVEMENTS: SINGLE RESIDENCE MULTIPLE RESIDENCE COMMERCIAL

OCCUPIED BY: OWNER LESSEE TENANTS

ANY PORTION FO NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION: YES NO

DATE SIGNATURE

TRIMARK FUNDING

INFORMATION DISCLOSURE AUTHORIZATION

THE UNDERSIGNED DOES HEREBY AUTHORIZE AND REQUEST THAT YOU
RELEASE TO TRIMARK FUNDING, FOR VERIFICATION PURPOSES, INFORMATION
CONCERNING THE FOLLOWING:

EMPLOYMENT HISTORY, DATES, TITLE, INCOME, ETC.

BANKING AND SAVINGS ACCOUNTS OF RECORD

MORTGAGE LOAN RATING (INCLUDING OPENING DATE, HIGH CREDIT, PAYMENT
AMOUNT, LOAN BALANCE AND PAYMENT RECORD)

ANY OTHER INFORMATION DEEMED NECESSARY IN CONNECTION WITH A CONSUMER
CREDIT REPORT FOR A REAL ESTATE TRANSACTION

A PHOTOGRAPHIC REPRODUCTION OF THIS AUTHORIZATION IS DEEMED
TO BE EQUIVALENT TO THE ORIGINAL AND MAY BE USED AS SUCH

DATE: _____ SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

DATE: _____ SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____