

NOTE FUNDING CENTER www.notefundingcenter.com 1-877-791-9980

~~~ INHERITANCE ADVANCE QUOTATION REQUEST FORM ~~~

Please **PRINT** this Form, answer all the questions using **BLACK INK** then fax this completed Form to us at **1-858-764-2731** to receive your CASH ADVANCE QUOTATION.

|                                                                   |                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PERSONAL INFORMATION:</b>                                      |                                                                                                                                                                                                                                                         |
| Name:                                                             |                                                                                                                                                                                                                                                         |
| E-mail Address:                                                   |                                                                                                                                                                                                                                                         |
| Today's Date:                                                     |                                                                                                                                                                                                                                                         |
| Your Mailing Street Address:                                      |                                                                                                                                                                                                                                                         |
| Your Mailing City, State and Zip:                                 |                                                                                                                                                                                                                                                         |
| Voice Phone:                                                      |                                                                                                                                                                                                                                                         |
| Fax:                                                              |                                                                                                                                                                                                                                                         |
| Beneficial Relationship:                                          | <input type="checkbox"/> --SOLE BENEFICIARY <input type="checkbox"/> --ONE OF MANY BENEFICIARIES<br><input type="checkbox"/> --BROKER <input type="checkbox"/> --AGENT <input type="checkbox"/> --POWER OF ATTORNEY<br><input type="checkbox"/> --OTHER |
| <b>INHERITANCE INFORMATION:</b>                                   |                                                                                                                                                                                                                                                         |
| Estate Owner is:                                                  | <input type="checkbox"/> --DECEASED <input type="checkbox"/> --LIVING                                                                                                                                                                                   |
| Inheritance Currently In:                                         | <input type="checkbox"/> --PROBATE <input type="checkbox"/> --TRUST <input type="checkbox"/> --OTHER, described in Comments below                                                                                                                       |
| Your Inheritance Amount:                                          |                                                                                                                                                                                                                                                         |
| Inheritance Amount You Previously Sold:                           |                                                                                                                                                                                                                                                         |
| Amount You Want Advanced:                                         |                                                                                                                                                                                                                                                         |
| Inheritance Distribution Date:                                    |                                                                                                                                                                                                                                                         |
| Inheritance Payment Period:                                       | <input type="checkbox"/> --LUMP SUM <input type="checkbox"/> --MONTHLY <input type="checkbox"/> --QUARTERLY <input type="checkbox"/> --SEMI-ANNUAL<br><input type="checkbox"/> --ANNUAL <input type="checkbox"/> --OTHER, described in Comments below   |
| Payment Amount:                                                   |                                                                                                                                                                                                                                                         |
| Comments about Inheritance or Any 'Other' above Question Answers: |                                                                                                                                                                                                                                                         |

|                                                            |                                                                                                                               |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|                                                            |                                                                                                                               |
| How did you find us?                                       | <input type="checkbox"/> Google <input type="checkbox"/> Yahoo <input type="checkbox"/> MSN <input type="checkbox"/> A Friend |
| If from an Internet Search,<br>which Keywords did you use? |                                                                                                                               |

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