

~~~ LAND NOTE QUOTATION REQUEST FORM ~~~

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

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b><u>PERSONAL INFORMATION:</u></b>                            |                                                                                                                                                                                                                                                                                                                                                                                        |
| Name:                                                          |                                                                                                                                                                                                                                                                                                                                                                                        |
| E-mail Address:                                                |                                                                                                                                                                                                                                                                                                                                                                                        |
| Today's Date:                                                  |                                                                                                                                                                                                                                                                                                                                                                                        |
| Your Mailing <u>Street</u> Address:                            |                                                                                                                                                                                                                                                                                                                                                                                        |
| Your Mailing <u>City, State</u> and <u>Zip</u> :               |                                                                                                                                                                                                                                                                                                                                                                                        |
| Voice Phone:                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |
| Fax:                                                           |                                                                                                                                                                                                                                                                                                                                                                                        |
| Note Relationship:                                             | <input type="checkbox"/> --OWNER <input type="checkbox"/> --BROKER <input type="checkbox"/> --AGENT <input type="checkbox"/> --POWER OF ATTORNEY <input type="checkbox"/> --OTHER                                                                                                                                                                                                      |
| <b><u>PROPERTY INFORMATION:</u></b>                            |                                                                                                                                                                                                                                                                                                                                                                                        |
| Note Property <u>Street</u> Address:                           |                                                                                                                                                                                                                                                                                                                                                                                        |
| Note Property <u>City, State</u> and <u>Zip</u> :              |                                                                                                                                                                                                                                                                                                                                                                                        |
| Property Size:                                                 |                                                                                                                                                                                                                                                                                                                                                                                        |
| Type of Land Zoning:                                           | <input type="checkbox"/> --RESIDENTIAL <input type="checkbox"/> --CONDO <input type="checkbox"/> --TOWNHOUSE <input type="checkbox"/> --MULTI-FAMILY <input type="checkbox"/> --OFFICE BLDG <input type="checkbox"/> --COMMERCIAL <input type="checkbox"/> --INDUSTRIAL <input type="checkbox"/> --RESTAURANT <input type="checkbox"/> --AGRICULTURAL <input type="checkbox"/> --OTHER |
| Property Condition:                                            | <input type="checkbox"/> --DVLPED <input type="checkbox"/> --BARE <input type="checkbox"/> --UNDER DVLPMT                                                                                                                                                                                                                                                                              |
| Land included in all Liens:                                    | <input type="checkbox"/> --YES <input type="checkbox"/> --NO                                                                                                                                                                                                                                                                                                                           |
| If No, the Land is:                                            | <input type="checkbox"/> --LEASED <input type="checkbox"/> --LEASE TO OWN <input type="checkbox"/> --RENTED <input type="checkbox"/> --USE PERMIT                                                                                                                                                                                                                                      |
| If Land is Developed, the Buildings, Size(s) and Improvements: |                                                                                                                                                                                                                                                                                                                                                                                        |
| Buildings Age in Years:                                        |                                                                                                                                                                                                                                                                                                                                                                                        |
| Property Location:                                             | <input type="checkbox"/> --URBAN <input type="checkbox"/> --SUBURBAN <input type="checkbox"/> --RURAL <input type="checkbox"/> --COMMERCIAL <input type="checkbox"/> --INDUSTRIAL <input type="checkbox"/> --MIXED USE <input type="checkbox"/> --AGRICULTURAL                                                                                                                         |
| Future Property Dvlp Goal:                                     |                                                                                                                                                                                                                                                                                                                                                                                        |
| Approved Platt Map:                                            | <input type="checkbox"/> --YES <input type="checkbox"/> --NO                                                                                                                                                                                                                                                                                                                           |

|                                                                            |                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Access by Paved Road to Property:                                          | <input type="checkbox"/> --YES <input type="checkbox"/> --NO                                                                                                                                                                |
| Property has Curbs & Sidewalks:                                            | <input type="checkbox"/> --YES <input type="checkbox"/> --NO                                                                                                                                                                |
| Utilities on Property:                                                     | <input type="checkbox"/> --Electricity <input type="checkbox"/> --Water <input type="checkbox"/> --Sewer <input type="checkbox"/> --Gas <input type="checkbox"/> --Phone<br><input type="checkbox"/> --Cable                |
| Last Property Sale Price:                                                  |                                                                                                                                                                                                                             |
| Last Property Sale Date:                                                   |                                                                                                                                                                                                                             |
| Cash Down Payment:                                                         |                                                                                                                                                                                                                             |
| Certified Appraisal Amount:                                                |                                                                                                                                                                                                                             |
| Certified Appraisal Date:                                                  |                                                                                                                                                                                                                             |
| 1st Mortgage/Lien/Note <u>Original</u> Principal Amount:                   |                                                                                                                                                                                                                             |
| 2nd Mortgage/Lien/Note <u>Original</u> Principal Amount.                   |                                                                                                                                                                                                                             |
| 3rd Mortgage/Lien/Note <u>Original</u> Principal Amount.                   |                                                                                                                                                                                                                             |
| <u>Total</u> of all Mortgage/Liens/Notes <u>Original</u> Principal Amount: |                                                                                                                                                                                                                             |
| Title Insurance:                                                           | <input type="checkbox"/> -- YES <input type="checkbox"/> -- NO                                                                                                                                                              |
| Note Payor Occupies the Property:                                          | <input type="checkbox"/> -- YES <input type="checkbox"/> -- NO                                                                                                                                                              |
| <b><u>NOTE INFORMATION:</u></b>                                            |                                                                                                                                                                                                                             |
| Note Position:                                                             | <input type="checkbox"/> --1 <sup>st</sup> POSITION <input type="checkbox"/> --2 <sup>nd</sup> POSITION <input type="checkbox"/> -- 3 <sup>rd</sup> POSITION<br><input type="checkbox"/> --OTHER                            |
| Creation of Note:                                                          | <input type="checkbox"/> --SALE OF PROPERTY <input type="checkbox"/> --RE-FINANCE OF PROPERTY<br><input type="checkbox"/> --DVLP FINANCING <input type="checkbox"/> --EQUITY FINANCING <input type="checkbox"/> --OTHER     |
| Date of Note Creation:                                                     |                                                                                                                                                                                                                             |
| <u>Current</u> Principal Balance of Note:                                  |                                                                                                                                                                                                                             |
| Note Interest Rate:                                                        |                                                                                                                                                                                                                             |
| Note Terms:                                                                | <input type="checkbox"/> --FULLY AMORTIZED <input type="checkbox"/> --INTEREST ONLY WITH BALLOON<br><input type="checkbox"/> --SET \$ PAYMENTS WITH A BALLOON <input type="checkbox"/> --OTHER, described in Comments below |
| Note Payment Period:                                                       | <input type="checkbox"/> --MONTHLY <input type="checkbox"/> --QUARTERLY <input type="checkbox"/> --SEMI-ANNUAL<br><input type="checkbox"/> --ANNUAL                                                                         |
| Note Payment Amount. If Variable or UnEqual, describe in Comments Below:   |                                                                                                                                                                                                                             |

|                                                                                   |                                                                                                                                                                                                                                                          |
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| Note Term in Months:                                                              |                                                                                                                                                                                                                                                          |
| 1st Payment Due Date Was:                                                         |                                                                                                                                                                                                                                                          |
| Next Payment Due Date:                                                            |                                                                                                                                                                                                                                                          |
| # of Payments Made:                                                               |                                                                                                                                                                                                                                                          |
| # of Payments Remain:                                                             |                                                                                                                                                                                                                                                          |
| # of Payments Late:                                                               |                                                                                                                                                                                                                                                          |
| Balloon Amount:                                                                   |                                                                                                                                                                                                                                                          |
| Balloon Date:                                                                     |                                                                                                                                                                                                                                                          |
| Note Payor Credit Scores<br>(Enter all Three Scores):                             | EXPERIAN                      TRANSUNION                      EQUIFAX                                                                                                                                                                                    |
| Note Security:                                                                    | <input type="checkbox"/> --DEED OF TRUST <input type="checkbox"/> --MORTGAGE DEED <input type="checkbox"/> --OTHER DEED<br><input type="checkbox"/> --PERSONAL GUARANTEE <input type="checkbox"/> --CONTRACT OF SALE<br><input type="checkbox"/> --OTHER |
| Note Payor is a:                                                                  | <input type="checkbox"/> --INDIVIDUAL(S) <input type="checkbox"/> --CORPORATION <input type="checkbox"/> --LLC<br><input type="checkbox"/> --PARTNERSHIP <input type="checkbox"/> --OTHER, described in Comments Below                                   |
| Note Sale Desire:                                                                 | <input type="checkbox"/> --Want to Sell All for Cash <input type="checkbox"/> --Want to Sell Part for Cash<br><input type="checkbox"/> --OTHER, described in Comments Below                                                                              |
| Comments about Note,<br>Property, Payor or Any 'Other'<br>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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