



LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100
Northridge, CA 91324

Phone: (818) 360-9944
Fax: (818) 360-0890
michael@landmarkescrow.com

Electronic/Digital Documentation Agreement and Acknowledgment

Date: _____ Escrow No. _____

Re: _____

To: Landmark Escrow

Under the Uniform Electronics Transactions Act (UETA) and the federal Electronic Signature in Global and National Commerce Act (E-SIGN) the undersigned may be providing certain documents and forms signed in electronic and digital format. By their actual signatures below the undersigned agree and acknowledge the following:

The Purchase and Sales Contract, Counter Offers, Addendums and other documents ("Agreements") submitted are a true, correct copy of the agreements I/we entered into for the purchase/sales of the real property described above;

I/We consent to the use of digital and electronic signatures and records in the creation of the Agreements and any subsequent addenda to the Agreements, if applicable;

I/We signed or will sign said Agreements digitally ourselves, and we acknowledge that we did or may submit said documents electronically by fax or email.

Escrow Holder and all parties and third parties to this transaction, including, but not limited to Real Estate Brokers, Lenders, Title Company, are authorized to accept and rely on all contracts, instructions and forms signed through some form of digital software and/or sent electronically, by fax or email, for the processing of this transaction as if such documents contained the undersigned's original wet signatures. Said documents so provided shall be fully enforceable and legally binding on the undersigned in the accordance with its terms.

SELLERS:

BUYERS:

This document must be signed by the parties and the original signature copy mailed to:

Landmark Escrow
9535 Reseda Blvd. Ste. 100
Northridge, CA 91324

2021 Real Estate Withholding Tax Statement**593**AMENDED: •

Escrow or Exchange No.

Part I Remitter Information • KEEP QUALIFIED INTERMEDIARY BUYER/TRANSFEREE OTHER

Business name Landmark Escrow	<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no. 91-1925098	
First name Initial Last name	SSN or ITIN	
Address (apt./ste. room, PO box, or PMB no.) 9535 Reseda Blvd, Ste. 100		
City (if you have a foreign address, see instructions.) Northridge, CA 91324	State	Zip
Telephone number (818) 360-9944		

Part II Seller/Transferor Information If a grantor or nongrantor trust, check the box that applies: • Grantor Nongrantor Trust

First name (Grantor) Initial Last name (Grantor)	SSN or ITIN	
Spouse's/RDP's first name (if jointly owned) Initial Last name	Spouse's/RDP's SSN or ITIN (if jointly owned)	
Business/Nongrantor Trust name (if applicable)	<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
Address (apt./ste. room, PO box, or PMB no.)		
City (if you have a foreign address, see instructions.)	State	Zip
Property address (provide street address, parcel number, and county)		Telephone number
		Ownership percentage %

Part III Certifications which fully exempt the sale from withholding (See instructions)**Determine whether you qualify for a full withholding exemption. Check all boxes that apply to the property being sold or transferred.**

1. The property qualifies as the seller's (or decedent's, if sold by the decedent's estate or trust) principal residence under Internal Revenue Code (IRS) Section 121.
2. The seller (or decedent's, if sold by the decedent's estate or trust) last used the property as the seller's (decedent's) principal residence under IRC 121 without regard to the two-year time period.
3. The seller has a loss or zero gain for California income tax purposes on this sale. Complete Part VI, Computation on Side 2.
4. The property is compulsorily or involuntarily converted, and the seller intends to acquire property that will qualify for nonrecognition of gain under IRC Section 1033.
5. The transfer qualifies for nonrecognition treatment under IRC Section 351 (property transferred to a corporation controlled by the transferor) or IRC Section 721 (property contributed to a partnership in exchange for a partnership interest).
6. The seller is a corporation (or a limited liability company (LLC) classified as a corporation for federal and California income tax purposes) that is either qualified through the California Secretary of State or has a permanent place of business in California..
7. The seller is a California partnership or qualified to do business in California (or an LLC that is classified as a partnership for federal and California income tax purposes that is not a single member LLC that is disregarded for federal and California income tax purposes).
8. The seller is a tax-exempt entity under California or federal law.
9. The seller is an insurance company, individual retirement account, qualified pension/profit sharing plan, or charitable remainder trust.

If you checked one or more boxes in line 1 through line 9, withholding is not required. Go to Side 3, complete the perjury statement and sign. Provide Sides 1-3 to the remitter before the close of escrow or exchange transaction to submit to the Franchise Tax Board.

Part IV Certifications that may partially or fully exempt the sale from withholding or if no exemptions apply (See instructions)**Determine whether you qualify for a full, partial, or no withholding exemption. Check all boxes that apply to the property being sold or transferred.**

10. The transfer qualifies as either a simultaneous or deferred like-kind exchange under IRC Section 1031. See instructions for Form 593, Part IV.
11. The transfer of this property is an installment sale where the buyer must withhold on the principal portion of each installment payment. Copy of the promissory note is attached at the close of escrow. Complete Part V, Buyer/Transferee Information on Side 2. Withholding may be required.
12. **No exemptions apply.** Complete Part VII, Escrow or Exchange Information, on Side 3 for amounts to withhold. Withholding is required

Remitter Name _____ Escrow or Exchange No. _____
 Landmark Escrow _____ SSN, ITIN, FEIN, CA corp no., or CA SOS file no.
 91-1925098

Part V Buyer/Transferee Information

Complete this part if you checked box 11 in Part IV for an installment agreement.

First name (Grantor)	Initial	Last name (Grantor)	SSN or ITIN
Spouse's/RDP's first name (if jointly purchased)	Initial	Last name	Spouse's/RDP's SSN or ITIN
Business/Nongrantor Trust name (if applicable)	[] FEIN [] CA Corp no. [] CA SOS file no.		
Address (apt./ste. room, PO box, or PMB no.)			
City (if you have a foreign address, see instructions.)			Telephone number

Principal Amount of Promissory Note	Installment Amount	Interest Rate %	Repayment Period	Number of months

Buyer's/Transferee's Acknowledgment to Withhold

Read the "Buyer/Transferee" Information below.

I acknowledge that I am required to withhold on the principal portion of each installment payment to the seller/transferee for the above shown California real property either at the rate of 3 1/3% (.0333) of the total sales price or the Alternative Withholding Calculation, as specified by the seller/transferee on Form 593, Real Estate Withholding Statement, of the principal portion of each installment payment. I will complete Form 593 for the principal portion of each installment payment and send one copy of each to the Franchise Tax Board along with Form 593-V, Payment Voucher for Real Estate Withholding, the withholding payment, and give one copy of Form 593 to the seller/transferee. I will send each withholding payment to the Franchise Tax Board by the 20th day of the month following the month of the installment payment. If the terms of the installment sale, promissory note, or payment schedule change, I will promptly inform the Franchise Tax Board. I understand that the Franchise Tax Board may review relevant escrow documents to ensure withholding compliance. I also understand that I am subject to withholding penalties if I do not withhold on the principal portion of each installment payment and do not send the withholding along with Form 593 to the Franchise Tax Board by the due date, or if I do not send one copy of Form 593 to the seller/transferee by the due date. **Go to Side 3, complete the perjury statement and sign.**

Part VI Computation

Complete this part if you checked and certified box 3 in Part III, or to calculate an alternative withholding calculation amount.

13. Selling price 13 \$
14. Selling expenses 14
15. Amount Realized. Subtract line 14 from line 13 15
16. Enter the price you paid to purchase the property (see instructions. How to Figure Your Basis.) 16
17. Seller/Transferee-paid points 17
18. Depreciation 18
19. Other decreases to basis 19
20. Total decreases to basis. Add line 17 through line 19 20
21. Subtract line 20 from line 16 21
22. Cost of additions and improvements 22
23. Other increases to basis 23
24. Total increases to basis. Add line 22 and line 23 24
25. Adjusted basis. Add line 21 and line 24 25
26. Enter any suspended passive activity losses from this property 26
27. Add line 25 and line 26 27
28. Estimated gain or loss on sale. Subtract line 27 from line 15 and enter the amount here. 28
 If you have a loss or zero gain, skip lines 29 and 30. Certify on Side 3. Withholding is not required.
 If you have a gain, go to line 29 to calculate your withholding

Remitter Name _____ Escrow or Exchange No. _____
 Landmark Escrow _____ SSN, ITIN, FEIN, CA corp no., or CA SOS file no.
 91-1925098

29. **Alternative withholding calculation amount.** Check the applicable box for the filing type:
 Individual 12.3% Corporation 8.84% Bank and Financial Corporation 10.84% Trust 12.3%
 Non-California Partnership 12.3% S Corporation 13.8% Financial S Corporation 15.8%
 Multiply the amount on line 28 by the tax rate for the filing type selected above and enter the amount here. This is the alternative withholding calculation amount. If you elect the alternative withholding calculation amount, then check the appropriate box on line 35. Boxes B-H, and enter the amount of line 36
30. **Sales price withholding amount.** Multiply the selling price on line 13 by 3 1/3% (.0333).
 This is the sales price withholding amount. If you select the **sales price withholding amount**, check box A on line 35 below and enter the amount on line 36

Part VII Escrow or Exchange Information

31. Escrow or Exchange number **• 31**
32. Date of Transfer, Exchange Completion, Failed Exchange, or Installment Payment (mm/dd/yyyy) **• 32**
33. Sales Price, Failed Exchange, or Boot Amount \$ _____ x Ownership Percentage % **• 33**
34. Type of Transaction (Check One Only): **•**
 A Conventional Sale/Transfer C Boot
 B Installment Sale Payment D Failed Exchange
35. Withholding Calculation (Check One Only): **•**
Sales Price Method
 A [X] 3 1/3% (.0333) x Sales Price, Boot, or Installment Sale Payment
Alternative Withholding Calculation Election
 B Individual 12.3% x Gain on Sale F S Corporation 13.8% x Gain on Sale
 C Non-California Partnership 12.3% x Gain on Sale G Financial S Corporation 15.8% x Gain on Sale
 D Corporation 8.84% x Gain on Sale H Trust 12.3% x Gain on Sale
 E Bank and Financial Corp. 10.84% x Gain on Sale
36. Amount Withheld from this Seller/Transferor **■ 36 \$**

Title and escrow persons, and exchange accommodators are not authorized to provide legal or accounting advice for purposes of determining withholding amounts. Transfers are strongly encouraged to consult with a competent tax professional for this purpose.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Perjury Statement

Under penalties of perjury, I hereby certify that the information provided above is, to the best of my knowledge, true and correct. I further certify that: Check the applicable box(es):

- The sale is fully exempt from withholding as indicated by a check mark(s) in Part III.
 The sale is fully or partially exempt from withholding as indicated by a check mark(s) in Part IV, Box 10 or 11.
 The seller has elected the Alternative Withholding Calculation as indicated by a check mark in Part VII, line 35 (B-H).
 The buyer/transferee understands and accepts the withholding requirements as stated on the Buyer's/Transferee's Acknowledgment to Withhold in Part V. The buyer/transferee should only check this box when involved in an installment sale.

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Seller's/Transferor's signature	Date
<input checked="" type="checkbox"/>	
Seller's/Transferor's spouse's/RDP's signature	Date
<input checked="" type="checkbox"/>	
Buyer's/Transferee's signature	Date
<input checked="" type="checkbox"/>	
Buyer's/Transferee's spouse's/RDP's signature	Date
<input checked="" type="checkbox"/>	
Remitter's name and Title/Escrow business name Michael Kendrick /Landmark Escrow	Telephone Number (818) 360-9944

A. Ensure that the property address is in the City of Los Angeles.

Make this determination before submitting the Application to us for processing. Consult a recent version of the Thomas Guide to verify that the property for which this report is being sought is in the City of Los Angeles (*the property should be in the white sections of the Thomas Guide*), or check to see if the seller has a current LADWP bill.

Please be advised that if any work is/was performed on your report, you may not be entitled to a refund, per L.A.M.C. Sec. 22.12, 22.13. This includes but is not limited to duplicate requests and canceled requests.

B. A separate application and fee must be submitted for each parcel.

It is rare that a property contains more than one parcel.

C. Complete the following fields on the Application.

1. Assessor Number from County Tax Bill, Escrow Number, and Post Office City: (Area 1 of Application)
 - ✓ **Assessor's Number:** Consists of a Map Book, Page, and Parcel number. Submit one Assessor Number per report. Each condominium unit, or parcel or legally-tied parcels being sold require a separate report and fee.
 - ✓ **Escrow Number:** Provide the escrow number, if applicable.
 - ✓ **Community Name:** Provide the Community Name: (e.g. Hollywood) of the property, if known.
2. Street Address and Description of Property Being Sold: (Area 2 of Application)

Multiple lines are provided to indicate multiple address information along with the associated property description.

 - ✓ **Street Address:** Include the street beginning number, street ending number (if applicable), and street name and type (such as Ave, Blvd, Pl, St). Provide the condominium unit number when the property being sold is a condominium.
 - ✓ **Description of Property Being Sold:** Indicate whether the property being sold is a vacant lot, or has either a one-family dwelling or specify other type of structure(s) on the property.
3. Legal Description of Property as Shown on Grant Deed: (Area 3 of Application)
 - ✓ **Tract, Block, Lot:** The legal description will always contain a tract, but may not have a block or lot. Attach a copy of the legal description when it is a metes and bounds (measured boundaries) or is complex in nature.
4. Mail Completed Report To and Person to Contact for Additional Information: (Area 4 of Application)
 - ✓ **Mail Completed Report To:** Indicate the name, address and email where the completed report should be mailed.
 - ✓ **Person to Contact for Additional Information:** Provide a person's name and phone number that can be contacted for additional information. If applicable, also include an e-mail address.
5. Complete and Include the Declarations Attachment: (Area 5 of Application)
 - ✓ The Declarations Attachment cannot be reworded or altered in any manner, and must contain the signature of the owner and buyer, and proof of ownership as applicable. Legibly print the name of the person, not the company name, in the owner's and/or buyer's signature block.
- D. ENCLOSE A CHECK OR MONEY ORDER FOR \$70.85. Do not send cash. Only pre-printed checks will be accepted. Make check or money order payable to: DEPARTMENT OF BUILDING AND SAFETY.

E. Mail the completed Application, the signed Declarations Attachment, and payment to:

**DEPARTMENT OF BUILDING AND SAFETY
201 NORTH FIGUEROA STREET, 4TH FLOOR, "CASHIER"
LOS ANGELES, CA 90012-2623**

F. If you have any questions, please contact us at (213) 482-6777.

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability, and upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.



**City of Los Angeles - Department of Building and Safety
APPLICATION FOR REPORT OF RESIDENTIAL PROPERTY RECORDS
AND PENDING SPECIAL ASSESSMENT LIENS**

INSTRUCTIONS:

Please complete all areas of the application and mail or deliver a check (ONLY PRE-PRINTED CHECKS WILL BE ACCEPTED) or money order for \$70.85, payable to "DEPARTMENT OF BUILDING AND SAFETY", to CASHIERS, 4TH FLOOR, 201 N. FIGUEROA ST., LOS ANGELES, CA 90012. DO NOT MAIL CASH - cash is only accepted in person. A separate application must be submitted and a fee paid for each parcel. For questions call 311 or (213) 473-3231.

NOTE: Please be sure that the property address is in the City of Los Angeles before mailing this form. You may verify this by consulting a current Thomas Guide. Should any work be performed on your report, you may not be entitled to a refund per L.A.M.C. Sec. 22.12 and 22.13.

1	ASSESSOR NUMBER FROM COUNTY TAX BILL		ESCROW NO.	COMMUNITY NAME
	MAP BOOK	PAGE		

2	STREET ADDRESS	DESCRIPTION OF PROPERTY BEING SOLD <small>(Select one for each address listed)</small>					
STREET NO.	STREET NAME, TYPE (BLVD, AVE, ST, PLACE, ETC.), AND UNIT/APARTMENT NUMBER	1-FAMILY DWELLING	2-FAMILY DWELLING	APT.	CONDO	VACANT LOT	OTHER (Specify & include no. of units)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3	LEGAL DESCRIPTIONS OF PROPERTY AS SHOWN ON GRANT DEED <small>(Attach any long legal descriptions and include a copy of the title insurance policy map to this application.)</small>				
TRACT	BLOCK	LOT	LEGAL ATTACHED?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

4	MAIL COMPLETED REPORT TO: <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMAIL		PERSON TO CONTACT FOR ADDITIONAL INFORMATION	
NAME	<small>(Select one option from the above)*</small>		NAME	PHONE NUMBER
ADDRESS				
CITY	STATE	ZIP	EMAIL ADDRESS	

5 PLEASE COMPLETE AND INCLUDE THE DECLARATIONS ATTACHMENT

<p>L.A.M.C. Section 151.00 requires all owners whose rental units are subject to the Rent Stabilization Ordinance to register their rental units with the Rent Stabilization Division. No landlord shall demand or accept rent until such registration has been obtained. Contact the Division at (866) 557-7368.</p> <p>Section 96.300 L.A.M.C. requires that the seller of Residential Property within the City of Los Angeles shall apply to the City for a Report of Residential Property Records and Pending Special Assessment Liens and deliver such report to the buyer prior to entering into an agreement of sale or exchange of the Residential Property or prior to close of escrow in connection therewith. There is a fee of \$70.85 for this service.</p> <p>Residential Property is defined as:</p> <ol style="list-style-type: none"> Any real property improved with one or more buildings or structures which in whole or in part are used for or are legally permitted to be used for dwelling unit or guest room purposes. Any vacant real property located in a zone wherein dwelling units or guest rooms are legally permitted. <p>A report is not required in the following cases:</p> <ol style="list-style-type: none"> Property exempt from taxation under the Documentary Transfer Act of the State of California. The first sale of a residential building located in a subdivision whose final map has been approved and recorded in accordance with the Subdivision Map Act not more than two years prior to the first sale (except for condominium conversions). <p>No new Report need be obtained by an owner for a period of six months after the issuance of a Report on a Residential Property. However, the seller must still deliver a copy of the previously issued Report to the buyer prior to the sale or exchange of the Residential Property or prior to close of escrow.</p> <p><small>*If both the mail-out options are selected, the report will only be emailed to the provided email address.</small></p>	<p>FOR CASHIER'S USE ONLY</p>
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City of Los Angeles - Department of Building and Safety
REPORT OF RESIDENTIAL PROPERTY RECORDS DECLARATIONS ATTACHMENT
 (Per Sec. 22.12, 22.13 L.A.M.C., refunds are not granted for a report where ANY work has been done on the report.)

PROJECT ADDRESS _____

ASSESSOR'S ID _____

Description of property being sold: 1-Family Dwelling 2-Family Dwelling Apartment Condo Vacant Lot Other

The Owner must complete item B in Section I for all reports. If the owner cannot complete all declarations under item A of Section I, the Buyer must complete Section "II. Buyer's Declaration". Check only one box under each number.

I. OWNER'S DECLARATION:

I, as owner, declare under penalty of perjury that the following statements are true and correct for the residential building for which this report is sought.

A. The following device(s) and/or material have been or will be installed as indicated below.

1) Water conservation devices

- a) Have been installed.
- b) Will be installed in compliance with Section 122.03 Los Angeles Municipal Code (L.A.M.C.).

****Water Conservation Certificate of Compliance, as specified in L.A.M.C. Section 122.03, must be filed prior to the close of escrow with the Department of Water and Power (LADWP). A Certificate of Compliance form may be obtained by calling LADWP at (800) 544-4498.****

2) Security Lighting and Locks

- a) Have been installed.
- b) Will be installed in compliance with Section 91.8607 L.A.M.C.
- c) The Security Lights and Locks Ordinance does not apply since no apartment building (3 or more units) is currently present on the property for which this report is being sought.

3) Seismic Gas Shut-Off Valves (SGSOV) or Excess Flow Shut-Off Valve (EFSOV)

- a) Have been installed.
- b) Will be installed in compliance with Section 94.1217 L.A.M.C.
- c) The Gas Shut-off Valves Ordinance does not apply since no gas fuel lines are provided for any building on the property for which this report is being sought.

4) Metal bars, grills, gates, security roll-down shutters, and similar devices installed over emergency escape windows in sleeping rooms.

- a) Have been installed.
- b) Will be installed in accordance with Section 91.1029 L.A.M.C.
- c) Are not installed.

5) Smoke and Carbon Monoxide Detectors

- a) Have been installed.
- b) Will be installed in compliance with Section 91.8603 L.A.M.C.; Section 91.420.6.2.3 L.A.M.C.

6) Impact Glazing/Approved Film for sliding glass panels of sliding-type doors

- a) Have been installed.
- b) Will be installed in compliance with Section 91.6101; Section 96.302 L.A.M.C.
- c) The Impact Hazard Glazing Ordinance does not apply.

Further, I (owner) certify that smoke detectors in compliance with Section 91.8603 L.A.M.C. and carbon monoxide detectors in compliance with Section 91.420.6.2.3 L.A.M.C. and impact glazing/approved film for sliding glass panels of sliding-type doors in compliance with Section 91.6101; Section 96.302 L.A.M.C. will be installed prior to entering into an agreement of sale or contracting for an exchange of said residential property, or, where an escrow agreement has been executed in connection therewith, prior to close of escrow, and that within 10 days after installation, I will so advise the Department of Building and Safety in writing to Residential Property Records, c/o Cashier, 201 N. Figueroa St., 4th Floor, Los Angeles, CA 90012-4869.

- B. 1) The property for which this report is being sought is one acre or less in size.
- 2) The property for which this report is being sought exceeds one acre in size and I have inspected the property for the existence of protected trees. (For the purpose of this declaration the definition of "protected trees" set forth in L.A.M.C. Section 46.01 shall apply.) The number of protected trees identified as located on this property is _____ (If none, write "0").

I authorize the Department of Building and Safety to verify this information by entry upon the subject property. I understand that a fee, as specified in L.A.M.C. Section 98.0412(a), shall be collected by the Department of Building and Safety for any inspection required to verify this declaration.

Signature of Owner _____ Print Name _____ Date _____



City of Los Angeles - Department of Building and Safety
REPORT OF RESIDENTIAL PROPERTY RECORDS DECLARATIONS ATTACHMENT
 (Per Sec. 22.12, 22.13 L.A.M.C., refunds are not granted for a report where ANY work has been done on the report.)

PROJECT ADDRESS _____

ASSESSOR'S ID _____

II. BUYER'S DECLARATION:

I, as buyer, declare under penalty of perjury that the following statements are true and correct for the residential building for which this report is sought.

- A. The following device(s) and/or material have been or will be installed as indicated below.
 - 1) Water conservation devices
 - a) Have been installed in compliance with Section 122.03 Los Angeles Municipal Code (L.A.M.C.).
 - 2) Security Lighting and Locks
 - a) Have been installed in compliance with Section 91.8607 L.A.M.C.
 - b) The Security Lights and Locks Ordinance does not apply since no apartment building (3 or more units) is currently present on the property for which this report is being sought.
 - 3) Seismic Gas Shut-Off Valves (SGSOV) or Excess Flow Shut-Off Valve (EFSOV)
 - a) Have been installed in compliance with Section 94.1217 L.A.M.C.
 - b) Will be installed in compliance with Section 94.1217 L.A.M.C., prior to entering into an agreement of sale or prior to the close of escrow when an escrow agreement has been executed in connection with the sale; and that within 10 days after installation, Buyer will so advise the Department of Building and Safety in writing to Residential Property Records, c/o Cashier, 201 N. Figueroa St., 4th Floor, Los Angeles, CA 90012-4869. Failure to comply with this requirement shall subject the buyer to the payment of a noncompliance fee in addition to the other penalties provided by law.
 - c) The Gas Shut-off Valves Ordinance does not apply since no gas fuel line is provided for any building on the property for which this report is being sought.
 - 4) Metal bars, grills, gates, security roll-down shutters, and similar devices installed over emergency escape windows in sleeping rooms
 - a) Have been installed in accordance with Section 91.1029 L.A.M.C. for the property for which this report is being sought.
 - b) Are not installed.
 - 5) Smoke and Carbon Monoxide Detectors
 - a) Will be installed in compliance with Section 91.8603 L.A.M.C.; Section 91.420.6.2.3 L.A.M.C.
 - 6) Impact Glazing/Approved Film for sliding glass panels of sliding-type doors
 - a) Will be installed in compliance with Section 91.6101; Section 96.302 L.A.M.C.
 - b) Impact Hazard Glazing Ordinance does not apply.

Further, smoke detectors in compliance with Section 91.8603 L.A.M.C. and carbon monoxide detectors in compliance with Section 91.420.6.2.3 L.A.M.C. and impact glazing/approved film for sliding glass panels of sliding-type doors in compliance with Section 91.6101; Section 96.302 L.A.M.C. will be installed by Buyer within 30 days after entering into an agreement of sale or contracting for an exchange of said residential property, or, where an escrow agreement has been executed in connection therewith, within 30 days after the close of escrow, and that within 10 days after installation, will so advise the Department of Building and Safety in writing to Residential Property Records, c/o Cashier, 201 N. Figueroa St., 4th Floor, Los Angeles, CA 90012-4869.

Signature of Buyer _____ Print Name _____ Date _____

Section 96.300 L.A.M.C. requires that the seller of Residential Property within the City of Los Angeles shall apply to the City for a report of Residential Property Records and Pending Special Assessment Liens (aka Form 9) and deliver such report to the buyer prior to entering into an agreement of sale or exchange of the Residential Property or prior to close of escrow in connection therewith. Refer to the Forms section at this website for submitting a paper application or our Online service Residential Property Report System for submitting a request for RPR using the internet.

For more information regarding the Los Angeles Municipal Code and Ordinance requirements when selling residential and commercial property for existing single or two family dwellings, condominiums and apartments, please refer to the Los Angeles Department of Building and Safety website at: <http://ladbs.org/LADBSWeb/requirements-selling-property.jsf>



LANDMARK ESCROW

9535 Reseda Blvd, Ste. 100
Northridge, CA 91324

Phone: (818) 360-9944
Fax: (818) 360-0890
michael@landmarkescrow.com

CERTIFICATION OF NON-FOREIGN STATUS BY INDIVIDUAL TRANSFEROR (S 1445)

Section 1445 of the Internal Revenue Code provides that a Transferee (Buyer) of a U.S. real property interest must withhold tax if the transferor (seller) is a foreign person. To inform the transferee (buyer) that withholding of tax is not required upon my disposition of a U.S. real property interest,

I/WE, _____
(Name of Transferor)

hereby certify the following:

1. The real property interest being transferred by me consists of an interest in the real property commonly known as: _____
(Address to be Transferred)
2. I am not a nonresident alien for purposes of U.S. income taxation.
3. My U.S. taxpayer identification number (Social Security Number) is: _____
4. My home address is: Property Address / Other (circle one)
if other provide home address: _____

I understand that this certification may be disclosed to the Internal Revenue Service by the transferee and that any false statement I have made here could be punished by fine, imprisonment, or both.

Under penalties of perjury, I declare that I have examined this certification and to the best of my knowledge and belief it is true, correct and complete.

Dated: _____

NOTE: For further information furnished concerning the form of this certification, see Temp. Reg 1.1445-T(b), (2).



LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100
Northridge, CA 91324

Phone: (818) 360-9944
Fax: (818) 360-0890
michael@landmarkescrow.com

ESCROW NO.: _____

Escrow holder is hereby instructed to disburse proceeds at the close of escrow as follows:

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS.

_____ Seller will pick up check
(checks will be issued within 24 hours of closing)

_____ Escrow to mail check to the following address:

_____ Escrow to wire funds (ONLY AVAILABLE FOR FUNDS OF \$5,000 OR GREATER)
(funds will be wired within 24 hours of closing)

_____ Bank Name: _____

_____ Address: _____

_____ ABA NUMBER: _____

_____ ACCOUNT NUMBER: _____

_____ Name(s) which appear on the account: _____

SPECIAL INSTRUCTIONS: _____



LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100
Northridge, CA 91324

Phone: (818) 360-9944
Fax: (818) 360-0890
michael@landmarkescrow.com

SELLER'S INFORMATION FORM

ESCROW NO.: _____
PROPERTY ADDRESS: _____

EXISTING FIRST TRUST DEED LOAN:

Name of Lender: _____ Current Balance: _____
Loan No.: _____ Date of Last Payment _____
Phone No.: _____ Impounds: _____ Taxes _____ Insurance _____
Primary Borrower: _____ Social Security #: _____

Is this an FHA Loan? YES or NO (circle one)

EXISTING SECOND TRUST DEED LOAN (Line of Credit, Heloc, HERO program, etc.):

Name of Lender: _____ Current Balance: _____
Loan No.: _____ Date of Last Payment: _____
Phone No.: _____ Line of Credit?: YES* _____ NO _____
Primary Borrower: _____ Social Security #: _____

**If yes, this Line of Credit will be frozen/closed upon request of this demand/payoff statement. I/We hereby authorize our current lender to block the account to further advances and close account.*

USE REVERSE FOR ANY ADDITIONAL LOANS

SOLAR CONTRACT/LEASE FINANCING:

Name of Solar Company: _____ Leased _____ Owned _____
Account No.: _____ Phone No.: _____

HOMEOWNER'S ASSOCIATION INFORMATION (if more than one, use reverse side for additional info)

Name of Association: _____
Management Company, if any _____
Phone No.: _____ Account Number: _____
HOA Dues: \$ _____ Special Assessment (If Any): \$ _____
Dues are paid to: _____ Paid: Monthly Quarterly Semi-Annually (circle one)

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR SIGNED ESCROW INSTRUCTIONS.

As may be specifically and properly required to complete my transaction described in the Escrow instructions, you are hereby instructed to obtain and comply with pay-off "demands" from the Lenders or parties named above and to make payment(s) in full from funds accruing to my account at close of escrow including but not limited to, forwarding/service/transfer fees/payments/reconveyance fees, interest or prepayment charges as demanded by such instructions without my further approval. The above referenced Lender may accept a copy of this signed notice as authorization to release information requested by LANDMARK ESCROW.

*****PLEASE COMPLETE, SIGN AND RETURN*****

COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU

By enabling the title company to eliminate the problems that might arise through similarity of your name with the name of another person against whom there may be judgments, tax liens, or other matters affecting property ownership. If any additional information is needed, you will be contacted by our office.

CONFIDENTIAL INFORMATION STATEMENT

Name (1st Party)		Name (2nd Party)	
First	Middle	Last	First
			Middle
			Last
Date of Birth	Birthplace	Date of Birth	Birthplace
I have lived in California since	Social Security No.	I have lived in California since	Social Security No.
Driver's license #		Driver's license #	

ARE PARTIES 1 and 2 () Married () Domestic Partners Married on _____ at _____ Maiden Name _____

FORMER MARRIAGE(S)/PARTNERSHIPS

If no former marriages/Domestic Partnerships, write "NONE"

1st Party - Name of former Spouse/Domestic Partner _____
 Deceased _____ Divorced/Termination _____ When _____ Where _____
2nd Party - Name of former Spouse/Domestic Partner _____
 Deceased _____ Divorced/Termination _____ When _____ Where _____

RESIDENCE(S) DURING PRECEDING 10 YEARS

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

1st Party
 NUMBER AND STREET _____ CITY _____ FROM _____ TO _____
 NUMBER AND STREET _____ CITY _____ FROM _____ TO _____
 2nd Party
 NUMBER AND STREET _____ CITY _____ FROM _____ TO _____
 NUMBER AND STREET _____ CITY _____ FROM _____ TO _____

OCCUPATION(S)

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

1st Party
 PRESENT OCCUPATION _____ FIRM NAME _____ ADDRESS _____ NO. YEARS _____
 PRIOR OCCUPATION _____ FIRM NAME _____ ADDRESS _____ NO. YEARS _____
 2nd Party
 PRESENT OCCUPATION _____ FIRM NAME _____ ADDRESS _____ NO. YEARS _____
 PRIOR OCCUPATION _____ FIRM NAME _____ ADDRESS _____ NO. YEARS _____

SIGNATURE:

SIGNATURE:

PARTY 1	DATE	PARTY 2	DATE
PHONE# _____		PHONE# _____	
EMAIL: _____		EMAIL: _____	

*****PLEASE COMPLETE, SIGN AND RETURN*****



Los Angeles Department of Water and Power

CERTIFICATE OF COMPLIANCE

MUNICIPAL WATER CONSERVATION ORDINANCE

Property Address: _____ PLEASE PRINT. ADDRESS SHOWN MUST MATCH SERVICE ADDRESS ON MUNICIPAL SERVICES BILL.

City Zip Code: _____ Number of Floors: _____

Total number of toilets in Residence or Building: _____

Number of new ultra-low flush toilets installed: _____ Install Date: _____

THIS IS TO CERTIFY THAT, BASED ON PERSONAL KNOWLEDGE, EACH WATER CLOSET, URINAL AND SHOWERHEAD AT THE ABOVE LISTED ADDRESS COMPLIES WITH THE REQUIREMENTS OF CITY ORDINANCE NO. 172075. ALL PROPERTIES MUST HAVE LOW-FLOW SHOWERHEADS. RESIDENTIAL PROPERTIES MUST HAVE ULTRA-LOW FLUSH TOILETS PRIOR TO THE CLOSE OF ESCROW. THIS CERTIFICATE AND THE APPROPRIATE PROCESSING FEE MUST BE FILED WITH THE DEPARTMENT OF WATER AND POWER NO MORE THAN 15 DAYS AFTER COMPLETION OF THE INSPECTION.

PROCESSING FEE SCHEDULE	No. of Floors	FEE
SINGLE FAMILY DWELLING DUPEX/CONDO	N/A	\$15.00
COMMERCIAL/INDUSTRIAL/SMALL BUSINESS TRIPLEX/ APARTMENT BUILDING	1 to 3 Floors	\$25.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	4 to 9 Floors	\$50.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	10 Floors	\$75.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	Over 10 Floors	\$75.00 + \$5 per add'l floor
TOTAL FEE DUE		\$

INDICATE TYPE OF BUILDING:

SINGLE FAMILY DWELLING / DUPEX/CONDO

TRIPLEX

APARTMENT BUILDING; SPECIFY NO. OF UNITS _____

COMMERCIAL/INDUSTRIAL BUILDING

SMALL BUSINESS*

*Small business defined as Commercial/Industrial building with 2 or fewer tank type toilets and 2 or fewer showers. No urinals.

PLEASE MAKE CHECK PAYABLE TO: LOS ANGELES DEPARTMENT OF WATER AND POWER
**** PRINT PROPERTY ADDRESS ON THE CHECK ****

PRINT NAME OF LICENSED PLUMBING CONTRACTOR (C-36 LICENSE.) _____ LICENSE # OF: PLUMBING CONTRACTOR (C-36 LICENSE.) _____ TELEPHONE NUMBER _____
 GENERAL CONTRACTOR (B LICENSE.) RETROFITTER OR REAL ESTATE AGENT/BROKER _____ GENERAL CONTRACTOR (B LICENSE.) CERTIFIED RETROFITTER OR AGENT/BROKER _____

ORIGINAL SIGNATURE OF PLUMBER, CONTRACTOR, RETROFITTER OR REAL ESTATE AGENT/BROKER _____ INSPECTION DATE _____

PRINT NAME OF PROPERTY OWNER (SELLER) _____ SIGNATURE OF OWNER (SELLER) _____ DATE _____

PRINT NAME OF PROPERTY BUYER _____ SIGNATURE OF BUYER _____ DATE _____

NAME OF ESCROW COMPANY _____

ESCROW COMPANY ADDRESS _____

ESCROW COMPANY CITY AND ZIP CODE _____

RETURN ORIGINAL WITH PAYMENT TO:
 LOS ANGELES DEPARTMENT OF WATER AND POWER
 ACCOUNT SERVICES UNIT
 P O BOX 515406
 LOS ANGELES CA 90051-6706
 (213) 367-9263

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY TO AVOID DELAYS IN PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.
 REVISED 8/2/13

1099-S INPUT

Landmark Escrow	Escrow Number:	Actual Closing Date:
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SUBJECT PROPERTY INFORMATION

STREET ADDRESS OR APN IF VACANT LAND _____

CITY _____ STATE _____ ZIP CODE _____

TRANSACTION DATA

\$ CONTRACT SALES PRICE	NO. OF 1099 Forms required for the sale of this property.	2 OR MORE 1099-S FORMS	
\$ ARE YOU A FOREIGN PERSON: (nonresident alien, foreign partnership, foreign estate, or foreign trust)	REAL ESTATE TAX Property Tax Credit to seller [] check here if NOT Applicable	\$	EXCHANGE Was or will there be other property services received? [] Yes

SELLER INFORMATION - PLEASE PRINT CLEARLY

1 SELLER'S NAME or Name of Estate, Trust* or Corporation (If acting as Trustee do not enter your name) _____

SELLER'S FORWARDING ADDRESS (New address after the close of escrow) _____

CITY _____ STATE _____ ZIP CODE _____

***if you are acting as Trustee DO NOT enter your SSN. Enter only the Trust Tax ID No. or the SSN of the deceased.**

2 SELLER'S SOCIAL SECURITY NUMBER _____	SELLER'S TAX IDENTIFICATION NUMBER _____
Or	
You are required by law to provide your settlement agent with your correct Taxpayer Identification Number. If you do not provide your settlement agent with your correct Taxpayer Identification Number, you may be subject to civil or criminal penalties imposed by law.	Under penalties of perjury, I certify that the number shown above is my correct Taxpayer Identification Number.
3 _____	Seller's Signature _____ Date _____

INSTRUCTIONS

- A) Make sure that all data fields and areas are accurately completed for individuals, trust, estate or corporation.
 - B) If there is more than one seller in this transaction, each seller must have a separate 1099-S form. In most cases, a husband and wife are considered one seller and only one name and corresponding Social Security Number or Tax Identification Number can appear on this form.
 - C) Also, if more than one seller, indicate the total number of 1099-S forms required for the transaction and report the correct dollar value for this seller.
- Please contact our office with any questions.