APPENDIX 5

The following form is a worksheet for obtaining and organizing all variable data for computer input to NARS, when the transaction is being facilitated by NARS.   Leave no fields blank.

Otherwise, this form is your check sheet to make sure you have obtained all the required information necessary for your completion of the documentation for your transaction.

APPENDIX 5

Work Sheet

Co-beneficiary Land Trust No.	YR	—	MM/DD/# XACTNS THIS MO	

SHADED AREAS FOR OFFICE USE ONLY

FEES		
Transaction Fee	$	
Trust Set Up Fee	$	
Pmt to Franchisee/A.Dir.	$	
Legal/Accounting Fee	$	
Postage/handling	$	
Paralegal Workup & Docs.	$	

Area Dir / Franch.

DATE SUBMITTED _____/_____/____

ANTIC. C.O.E. _____/_____/____

TERM ____ YRS (+ ___ Yrs Extension)

Res Bene. Contrib.	**N Res Bene. Contrib**	**Amt. Sent to PAC**
$	$	$

Mutually Agreed Value at Start - "MAV"	$	PCT **Ownership**	**Settlor**	%	**Investor**	%	**Resident**	%
		PCT **Profit at Term.**	**Settlor**	%	**Investor**	%	**Resident**	%

PROP. ADD: ______	**City** ______ **Zip** ______	**Cnty**	______

SETTLOR NON-RESIDENT BENEFICIARY (Seller/s): Mail to be sent to Prop Add Check box ,or incl. *other* addr.: City, state and zip:	______	PH: (HM) PH: (WK) OTHER	______
ADDRESS FOLLOWING COE Fill in, or indicate "SAME" City, State & Zip	______	Marital Status ID No (ss#)	Mrd Sing Wid Div (circle one)
INVESTOR NON-RESIDENT BENEFICIARY (Inv/Byr/s): Where should all mail be sent during Escrow? Street & No.: City, state and zip:	______	PH: (HM) PH: (WK) OTHER	______
ADDRESS PRIOR TO COE Fill in, or indicate "SAME" City, State & Zip	______	Marital Status ID No (ss#)	Mrd Sing Wid Div (circle one)
RESIDENT BENEFICIARY (Buyer/Res): Where should all mail be sent during Escrow? Street & No.: City, state and zip:	______	PH: (HM) PH: (WK) OTHER	______
ADDRESS PRIOR TO COE Fill in, or indicate "SAME" City, State & Zip	______	Marital Status ID No (SS#)	Mrd Sing Wid Div (circle one)

ESCROW CO. **OFFICER** **STREET ADDRESS** **CITY, STATE, ZIP**	______	Escrow No Pre-Lim ☐ Dn Date & Book ☐ Down date ☐ Endorsement ☐	PHONE FAX BACK LINE	______

LEGAL DESCRIPTION

1.	Tract, Lot, Book, Map, pages, grid, county, etc..	
	APN #	

UNDERLYING LOAN DATA

2. IS NOTIFICATION OF JUNIOR LENDER/S REQUIRED? I.e., the property is being placed into a living trust. The assignment of *beneficial interest* is anonymous, unrecorded, and of "personal property" only. No alteration in loan documents, or changes in tax forms or records are required. Purchase money 1st TD lenders need not be notified when a property's title is being placed into a revocable inter-vivos trust.	**2nd TD** YES ☐ NO ☐	**3rd TD** YES ☐ NO ☐

3. FIRST MTG HLDR (AT COE):	**LENDER:**
ACCOUNT NUMBER:	**#**
TELEPHONE NUMBER:	**( )**
BALANCE OWED AS OF ___/___/___:	**$**
PRIN. AND INTEREST PAYMENT:	**$** PMTS IMPOUNDED? YES [ ] NO [ ]
DUE DATE (LOAN TO BE PD OFF):	**PAY-OFF DATE: ___/___/___**
P.O. Box or Street Address Where Payment is to be Sent	
City, State, Zip	

4. SECOND MTG HLDR (AT COE):	**LENDER:**
ACCOUNT NUMBER:	**#**
TELEPHONE NUMBER:	**( )**
BALANCE OWED AS OF ___/___/___:	**$**
PRIN. AND INTEREST PAYMENT:	**$**
DUE DATE (LOAN TO BE PD OFF):	**PAY-OFF DATE: ___/___/___**
P.O. Box or Street Address Where Payment is to be Sent	
City, State, Zip	

5. THIRD MTG HLDR (AT COE):	**LENDER:**
ACCOUNT NUMBER:	**#**
TELEPHONE NUMBER:	**( )**
BALANCE OWED AS OF ___/___/___:	**$**
PRIN. AND INTEREST PAYMENT:	**$**
DUE DATE (LOAN TO BE PD OFF):	**PAY-OFF DATE: ___/___/___**
P.O. Box or Street Address Where Payment is to be Sent	
City, State, Zip	

INSURANCE DATA

6. HAZARD INSURANCE ***NOTE THAT IN A 3RD PARTY CO-BENEFICIARY LAND TRUST CONVEYANCE, THE SETTLOR CO-OWNER (BENE. #1) MUST ALWAYS ACQUIRE (CONVERT HO INS. TO) "LAND-LORD COVER- AGE," NAMING THE TRUST AS CO-INSURED. THE RESIDENT BENEFICIARY IS TO ACQUIRE CONTENTS COVERAGE ON ITS OWN.*** **Ins. Premium is Included in HOA Dues** ☐ **Ins. Premium is Included in MTG. PMT** ☐	**HAS INSURANCE CO., BEEN CONTACTED RE. CONVERSION OF POLICY TO LL. COVERAGE?** **YES** ☐ **NO** ☐ **(MUST BE DONE!)** **Date *next* premium is due:** ___/___/___ **Premiums are paid: MONTHLY** ☐ **QUARTERLY** ☐ **ANNUALLY** ☐
Policy No:	____________________
Company:	____________________
Agent's name:	____________________
Address:	____________________
Phone No.:	____________________
Premium Amount:	$ Per Mo. ☐ Per Quarter ☐ Per Yr. ☐
Policy period:	**From** ___/___/___ **To** ___/___/___
7. Other Ins. (e.g., wind, Flood, Earthquake)	Same ☐ None ☐
Policy No:	
Company:	
Agent's name:	
Address:	
Phone No.:	
Premium Amount:	$________ Per Mo. ☐ Per Quarter ☐ Per Yr. ☐
Policy period:	**From** ___/___/___ **To** ___/___/___

COMMISSIONS AND REALTOR DATA

8. Realtor / Company	*In all Co-beneficiary Land Trust transactions, a licensed RE broker must accept *agency* responsibility.
LISTING AGT: **NARS Network Member? YES ☐ NO ☐*** *MEMBERS RECEIVE 50% OFF ON NARS FEE TO KEEP OR PASS TO CLIENT (PAYMENT OF MEMBERSHIP FEE AND COMPLETION OF EXTENDED TRAINING COURSE AND CERTIFICATION REQUIRED)	**SELLING AGT:** **NARS Network Member? YES ☐NO ☐*** *MEMBERS RECEIVE 50% OFF ON NARS FEE TO KEEP OR PASS TO CLIENT (PAYMENT OF MEMBER FEE AND COMPLETION OF EXTENDED TRAINING COURSE AND CERTIFICATION REQUIRED)
NAME OF COMPANY (BROKERAGE)	**NAME OF COMPANY (BROKERAGE)**
STREET ADDRESS	**STREET ADDRESS**
CITY, STATE AND ZIP	**CITY, STATE AND ZIP**
PHONE: [ ] ____________ **FAX: [ ] ____________**	**PHONE: [ ] ____________** **FAX: [ ] ____________**
Total Commis. $	**Total Commis.** $
Amt Carried $ Per ☐ for ☐ mos/yrs	**Amt Carried** $ Per ☐ for ☐ mos/yrs
Car'd as Promis. Note ☐ or as Addit. Trust Payee ☐	**Car'd as Promis. Note ☐ or as Addit. Trust Payee ☐**
Interest Rate (if any) over term ☐ % Prin. & Interest compounded ☐ Interest only ☐	Interest Rate (if any) over term ☐ % Prin. & Interest compounded ☐ Interest only ☐
Amount to be received at Close of Escrow $	**Amount to be received at Close of Escrow** $

HOME OWNERS ASSOCIATION DATA

9.	***CC&Rs AND BY-LAWS HAVE BEEN PROVIDED TO BUYER?**** *** MUST BE DONE BEFORE COE**	**YES** ☐ **NO** ☐ **N/A** ☐
A.	**FIRST HOA:** **(if Any)**	
	STREET ADDRESS:	
	CITY, STATE, ZIP	
	PHONE NUMBER:	[ ]
	MONTHLY PAYMENT	**$**
B.	**SECOND HOA** (If Applicable)	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	PHONE NUMBER	[ ]
	MONTHLY PAYMENT	**$**
AGENT: PROVIDE COPIES OF CC&R'S AND BY-LAWS TO ESCROW		

LEGAL AGE OF RESIDENTS, OTHER THAN BENEFICIARIES

10.	**LIST NAMES AND AGES OF <u>ANY</u> RESIDENTS 18 OR OLDER, OTHER THAN RESIDENT BENEFICIARY/IES** (… THEY MAY NEED TO SIGN THE OCCUPANCY AGREEMENT)	
	NAME:	**AGE:**
	1.	
	2.	
	3.	
	4.	