



NOTE SALE SATISFACTION

MAILING ADDRESS
Horizon Trust Company
P.O. Box 30007
Albuquerque, New Mexico 87190

FOR OVERNIGHT NIGHT MAIL ONLY:
Horizon Trust Company
6301 Indian School Rd. NE, Suite 614
Albuquerque, NM 87110

P: 888-205-6036 • F: 505-288-3905 • Operations@Horizontrust.com

1. ACCOUNT HOLDER INFORMATION

Account Holder's Name : _____ Account # : _____

Email Address : _____ Daytime Phone# : _____

2. PROCESSING PREFERENCE *(Check One Option)*

Expedited Service (\$50.00)

Expedited service requests will generally be completed in one business day unless corrections are required.

Normal Processing

Normal processing will be completed in approximately three business days unless corrections are required.

Processing begins on the business day paperwork is received, if it is received before 11:00 a.m. Mountain Time. If paperwork is received after 11:00 a.m. Mountain Time, processing will start the next business day. If the paperwork requires any corrections, processing will stop until the proper corrections have been made.

3. NOTE INFORMATION

Borrower's Name: _____ Original Loan Amt: _____ Original Percentage of Ownership: _____

Collateral Description : _____ Asset Reference Number (ARN) : _____

Will there be a replacement? Yes No

If Yes, give a brief description: _____

4. TYPE OF SATISFACTION *(Check One Option)*

Full Satisfaction of Note If you choose this option, this asset will be removed from your account and a cash outstanding asset for this investment will be posted in your account until the funds are received

Approximate Sale Price: _____ Expected Payoff Date: _____ Approximate Cash to be Received: _____

Partial Satisfaction of Note If you choose this option, only the value of the asset will be adjusted. The asset will NOT be removed from your account until the full sale of the asset occurs.

Approximate Sale Price: _____ Expected Payoff Date: _____ Approximate Cash to be Received: _____

New Asset Value : _____ Provide a Brief Description of the Remaining Asset : _____

Has your percentage of the ownership changed? *(check one option)*

No Yes, Indicate New Percentage of Ownership _____%

Account # : _____

5. DOCUMENTS REQUIRING SIGNATURE

Document Processing Fees: The Document Processing Fee is \$5.00

LIST THE TITLE(S) OR NAME(S) OF THE DOCUMENTS THAT REQUIRE SIGNING BY HORIZON TRUST

Refer to the original note and/or recorded Mortgage/Deed of Trust for proper titling of the itemized documents stated in this section

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

If more lines are necessary: List any additional documents on a separate sheet titled "ADDENDUM A" and attach it to this form, don't forget to sign and date

6. DELIVERY INSTRUCTIONS

WHERE SHOULD DOCUMENTS BE REMITTED AFTER THEY HAVE BEEN SIGNED?

All processed documents will be mailed to the address listed below. If you would like to have the documents emailed before they are mailed, please complete the email section in addition to the mail section

Mail To: _____

Address: _____

City: _____ State: _____ Zip: _____

Send Overnight Mail (\$40.00) Send Regular Mail

Bill to Third Party Third Party Account Number: _____ Third Party Zip Code: _____

FedEx UPS

Email Address : _____ Attention: _____

SIGNATURES

Signature of Account Holder : _____ Date : _____

Account # : _____

Signature of Custodian : _____ Date : _____