



# ASSET DIRECTION TO SELL

HORIZON TRUST COMPANY  
6301 Indian School Rd NE Ste.200  
Albuquerque, NM 87110

Phone: 888-205-6036  
Fax: 505-288-3905  
Operations@Horizontrust.com

## 1. ACCOUNT HOLDER INFORMATION

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Account Holder's Name : \_\_\_\_\_ Account # : \_\_\_\_\_

Email Address : \_\_\_\_\_ Daytime Phone# : \_\_\_\_\_

## 2. PROCESSING PREFERENCE *(Check One Option)*

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**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. ASSET INFORMATION

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Original Percentage of Ownership: \_\_\_\_\_ Original Purchase Price: \_\_\_\_\_ Asset Reference Number (ARN): \_\_\_\_\_

Property Address : \_\_\_\_\_ APN or LOT/Block # : \_\_\_\_\_

Will there be a replacement?  Yes  No

If Yes, give a brief description: \_\_\_\_\_

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

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**Full Sale of Asset** 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 Sale of Asset** 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

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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 COMPANY

Refer to the INITIAL recorded Deed 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

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### 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

Fax Number : \_\_\_\_\_ Attention: \_\_\_\_\_

Email Address : \_\_\_\_\_ Attention: \_\_\_\_\_

## SIGNATURES

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Signature of Account Holder : \_\_\_\_\_ Date : \_\_\_\_\_

Account # : \_\_\_\_\_

Signature of Custodian : \_\_\_\_\_ Date : \_\_\_\_\_