

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

### PART 1. ACCOUNT OWNER INFORMATION

First Name:  M.I.:  Last Name:  Account #:

Last 4 SSN Digits:  Date of Birth: (MM/DD/YYYY)  Email Address:

### PART 2. ASSET INFORMATION


Original Purchase Price:  Asset Reference #:  Ownership %: (If less than 100%)

Property Address:  City:  State:  Zip:


**Will There Be a Replacement?** (If Yes, give a brief description)

No  Yes

### PART 3. TYPE OF SATISFACTION

**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:  Description of the Remaining Asset:

**Has your Percentage of the Ownership Changed?**

No  Yes, the new % of Ownership is:  %

## PART 4. DOCUMENTS REQUIRING SIGNATURE

### 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. If more lines are necessary, list the additional documents on a separate sheet titled "Addendum A" and attach it to this form with a signature and date.

1:	
2:	
3:	
4:	
5:	
6:	

## PART 5. 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

First Name:	M.I.:	Last Name:	Suffix:

Mailing Address:	Apt/Unit/Ste:	City:	State:	Zip:

Overnight Mail (\$50.00)  Regular Mail

<input type="checkbox"/> Bill to Third Party	Account #:	Zip:
<input type="checkbox"/> FedEx <input type="checkbox"/> UPS		

Fax:	Email Address:	Attention:

## PART 6. SIGNATURES

Signature of Account Owner	Print Name:	Date: (MM/DD/YYYY)

Signature of Custodian	Print Name:	Date: (MM/DD/YYYY)