

**ESTATEFINANCE™ FUNDING APPLICATION - FAX # (415)617-9201**

FULL NAME:

ADDRESS:  CITY:

STATE:  ZIP:  E-MAIL:

HOME TEL:  WORK TEL:

DRIVER'S LICENSE:  STATE OF ISSUE:  EXPIRATION:

DATE OF BIRTH:  SOCIAL SECURITY NO.

NAME OF PERSON ("DECEDENT") FROM WHOM YOU WILL BE INHERITING:

HOW WAS DECEDENT RELATED TO YOU?  (E.G. YOUR FATHER, MOTHER, A FRIEND, ETC)

DECEDENT'S DATE OF DEATH:

ARE YOU INHERITING UNDER AN ESTATE WITH A WILL , AN ESTATE WITH NO WILL ,

A TRUST CREATED DURING DECEDENT'S LIFETIME , OR A TRUST CREATED BY WILL .

FOR AN ESTATE OR TRUST CREATED BY WILL: WHAT IS NAME OF PROCEEDING, THE COURT IN WHICH IT IS FILED AND THE CASE NUMBER:

FOR A TRUST CREATED DURING LIFETIME, GIVE NAME OF TRUST AND DATE CREATED:

WHAT IS YOUR SHARE OF THE ESTATE OR TRUST?  [ $\frac{1}{2}$ ,  $\frac{1}{4}$ , 20%, ETC.]

TOTAL VALUE OF THE ESTATE OR TRUST:  YOUR SHARE:

HAVE YOU RECEIVED ANY PORTION OF YOUR INHERITANCE? YES  NO

IF "YES", AMOUNT RECEIVED: \$

DO YOU OWE CHILD SUPPORT OR ALIMONY PAYMENTS OR HAVE JUDGMENTS OUTSTANDING?

YES  NO  IF "YES", AMOUNT OWED: \$

B/K NO, LIEN NO, JUDGMENT NO

HAVE YOU BORROWED AGAINST OR ASSIGNED ANY PART OF YOUR INHERITANCE?

YES  NO

IF "YES" STATE THE AMOUNT BORROWED/ASSIGNED AND IDENTIFY

LENDER/ASSIGNEE:

WHO IS IN CHARGE OF THE ESTATE/TRUST?

PHONE:

WHO IS THE ESTATE/TRUST ATTORNEY?

PHONE:  FAX:

AMOUNT OF MONEY YOU ARE REQUESTING

REASON:

WE WILL NEED COPIES OF THE FOLLOWING DOCUMENTS BEFORE FUNDING YOUR APPLICATION. PLEASE INDICATE WHICH YOU HAVE AVAILABLE AND SEND COPIES WITH YOUR APPLICATION:

- DRIVER'S LICENSE
- SOCIAL SECURITY CARD
- WILL/TRUST AGREEMENT (IF APPLICABLE)
- PETITION FOR PROBATE
- ORDER APPOINTING PERSON TO ADMINISTER ESTATE
- INVENTORY AND APPRAISEMENT OR STATEMENT DESCRIBING THE ESTATE/TRUST ASSETS
- DEATH CERTIFICATE
- DOCUMENTS FOR ANY LOAN OR ASSIGNMENT PREVIOUSLY MADE AGAINST YOUR INHERITANCE (IF APPLICABLE)
- LETTERS OR DOCUMENTS YOU HAVE RECEIVED THAT PROVIDE INFORMATION ABOUT THE ESTATE OR TRUST AND YOUR INTEREST THEREIN.

HAVE	DON'T HAVE	NOT APPLICABLE

**IF ESTATE INCLUDES REAL PROPERTY:**

- LISTING AGREEMENT OR SALES CONTRACT/ORDER APPROVING SALE
- EVIDENCE OF PROPERTY INSURANCE
- MARKET ANALYSIS FROM REAL ESTATE BROKER
- TITLE REPORT OR PROPERTY PROFILE


THIS APPLICATION WILL BE PART OF THE PURCHASE CONTRACT. IT IS IMPORTANT THAT YOU PROVIDE ACCURATE INFORMATION. YOU MAY BE PERSONALLY LIABLE IF THE ASSIGNMENT OR YOUR INTEREST IS NOT PAID IN FULL AS A RESULT OF YOUR FAILURE TO PROVIDE FULL AND ACCURATE DISCLOSURE OF INFORMATION RELATING TO YOUR INTEREST IN THE ESTATE OR TRUST.

\_\_\_\_\_ DATE:

**AUTHORIZATION TO RELEASE INFORMATION**

I / WE HAVE APPLIED TO LAWFINANCE GROUP, INC. FOR FINANCIAL ASSISTANCE.

I / WE HEREBY AUTHORIZE ANY PARTY TO RELEASE TO LAWFINANCE GROUP ANY REQUESTED CREDIT INFORMATION ABOUT ME, WHICH MAY INCLUDE SAVINGS AND OR INVESTMENT ACCOUNT BALANCES; CHECKING ACCOUNT BALANCES; RETIREMENT ACCOUNT BALANCES; CONSUMER CREDIT BALANCES; AND PAYMENT HISTORIES, INCLUDING MORTGAGE PAYMENTS RECORDS AND BALANCES.

A PHOTOGRAPHIC OR CARBON COPY OF THIS AUTHORIZATION [BEING A PHOTOGRAPHIC OR CARBON COPY OF THE SIGNATURE(S) OF THE UNDERSIGNED] MAY BE DEEMED TO BE THE EQUIVALENT OF THE ORIGINAL AND MAY BE USED AS A DUPLICATE ORIGINAL.

\_\_\_\_\_  
[SIGNATURE]

[PRINT NAME]

[ADDRESS]

[CITY]

[STATE]

[ZIP]

[SOCIAL SECURITY NUMBER]

[DATE OF BIRTH]

**AUTHORIZATION TO ESTATE ATTORNEY/PERSONAL REPRESENTATIVE**

**TRUST ATTORNEY/TRUSTEE**

To:

PLEASE PRINT NAME OF ESTATE ATTORNEY/PERSONAL REPRESENTATIVE/TRUST ATTORNEY/TRUSTEE

ADDRESS

CITY, STATE, ZIP

RE: ESTATE OR TRUST OF

I HAVE ASKED LAWFINANCE GROUP TO PURCHASE A PORTION OF MY BENEFICIAL INTEREST IN THE ABOVE ESTATE OR TRUST.

THE FOLLOWING DOCUMENTS ARE NECESSARY TO COMPLETE MY TRANSACTION [CROSS OFF ANY DOCUMENTS ALREADY SUBMITTED]:

- COPY OF THE WILL/TRUST AGREEMENT
- COPY OF THE PETITION FOR PROBATE
- COPY OF NOTICE OF PETITION TO ADMINISTER ESTATE
- COPY OF THE INVENTORY AND APPRAISEMENT OR OTHER STATEMENT OF ESTATE/TRUST ASSETS.
- COPY OF THE DEATH CERTIFICATE

PLEASE FAX THE ABOVE DOCUMENTS TO LAWFINANCE GROUP AT (415) 617-9201.

YOU MAY EXPECT A CALL OR LETTER FROM LAWFINANCE GROUP OR ITS ATTORNEY AS PART OF THE NORMAL DUE DILIGENCE PROCESS. I WOULD APPRECIATE IT IF YOU WOULD MAKE AVAILABLE TO LAWFINANCE GROUP WHATEVER INFORMATION MAY BE REQUESTED.

THANK YOU FOR YOUR COOPERATION.

\_\_\_\_\_  
[SIGNATURE] DATE:

YOUR NAME (PRINTED):

YOUR ADDRESS: