

Assumption Request Form

This form is to be completed and signed by the new buyer(s) (assumptor(s))

Please complete the following information, sign and date. This form may be sent to the following email address: welcomepackage@lakeview.com

Individual(s) requesting to assume the loan:

| Full legal name | e(s): | | |
|----------------------|-------------------|------|----------|
| Current addres | . | | |
| Best contact p | hone #: | | <u> </u> |
| Borrower Ema | nil: | | |
| Co Borrower E | Email: | | |
| Reason for As | sumption request: | | |
| Assumptor/Borrower 1 | Signature | | Date |
| Assumptor/Borrower 2 | Signature | | Date |

NMLS#391521





IDENTITY AFFIDAVIT PLEASE COMPLETE ONE FOR EACH BORROWER/ASSUMPTOR.

Before me, the undersigned Notary Public, personally came and appeared the undersigned Borrower, who being duly sworn did depose and state the following:

1. My Full Legal Name Is ______

| | | | (First) | (Middle) | (Last) | (Jr., Sr., etc.) |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| 2. Th | ne address o | of my principal | residence is | | | |
| | (Stree | et Address) | | | | |
| | , | | | | | |
| 2 14 | (City) | eth io | (Stat | • | (Zip) | |
| S. IVI | y Date of Bi | rth is | Month/Date/Yea | | | |
| 4. M | y taxpayer i | dentification n | | • | | |
| 5. Th | ne State and | number of m | y driver's licer | nse or identific | cation card ar | е |
| | | | | | | <u></u> |
| ave you | • • | (Number) our immediate | family ever b | | • • | , |
| ave you olitical po elow. | or any of yo | our immediate national, state | family ever b or provincial | een elected, a government. I | appointed or a | assumed any |
| ave you olitical poselow. swear un by knowle | n or any of your opening and of verifying | our immediate national, state at the information to the transcent to the transcent control of the transcent to the transcent | family ever be or provincial of the information provided and preventing | een elected, a government. I in this Affidav formation conf | appointed or a f Yes, describ it is true and tained in this | assumed any be the position |
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| | , proved to me on the basis | day of of satisfactory ev | , 20, by idence to be the |
|--------------------------|-----------------------------|------------------------------|---------------------------|
| person who appeared befo | ore me. | | |
| Notary Signature | | | Seal |



Occupancy Statement

| assumption request. | | | |
|---------------------------------------------------------------|--------------|------------------|------------------------|
| Loan Number: | | | |
| Date: | | | |
| Property Address: | | | |
| I / We intend to occupy the p Please check the appropriate | | d above as my/οι | ır primary residence. |
| Yes | No | | |
| If you do not intend to occup with the mailing address for a | | | nce, please provide us |
| Mailing address: | | | |
| Sign and date: | | | |
| Borrower's Signature | Printed Name | Date | |
| Co-Borrower's Signature | Printed Name | Date | |

To be completed by EACH Borrower(s) or purchaser(s) in connection to the loan

IMPORTANT INFORMATION REGARDING THE ABOVE PROPERTY:

A flood zone determination will be ordered as part of the assumption process. If it is determined that the property is in a flood hazard area, flood insurance will be required. The flood insurance premium will be added to the escrow portion of the mortgage payment.

Please be advised that when this loan is assumed, all Mortgage Life and/or Accident and Health Insurance will be terminated. Premiums will no longer be included in the monthly mortgage payments.