

DOVENMUEHLE/MATRIX FINANCIAL/TWO HARBORS
CO-OP COLLATERAL REQUEST

Complete these forms when requesting a Co-op payoff from Dovenmuehle/Matrix Financial/Two Harbors. Email-the completed forms to Jason L. Madfes, Esq. at jmadfes@fentingoldman.com.

Co-op Collateral Request

Please complete all areas. Please print clearly.

Date _____

Borrower(s) Name(s): _____

Last 4 digits of each Borrower's Social Security number: _____

Dovenmuehle Account #: _____

Property Address: _____

Sale or Refinance? _____

If a refinance, name of new lender? _____

Attorney for Borrower OR Closing Agent For New Lender Information

Name _____

Address _____

Contact Person _____

Phone _____

Fax _____

Email _____

Proposed Closing Date _____

Required Items to be Included with this Co-op Collateral Request

- ___ 1. Signed Borrower's Authorization to Release Information and Co-op Processing Fees disclosure.
- ___ 2. Copies of any UCC-1's for this loan for which UCC-3 terminations will be needed.
- ___ 3. Signed Requestor's Statement

NOTE: All forms must be completed and submitted to jmadfes@fentingoldman.com. The fee due to Jason L. Madfes, Esq. for this transaction is \$850.00 and is due at closing. This check is to be made payable to "Jason L. Madfes, Esq." Payoff funds must be in the form of a Certified, Cashier's or other Official Bank Check. A payoff letter will be provided once a closing has been scheduled. Please note that it may take between 3-5 weeks for the collateral documents to be retrieved. Please note that if any of the above Required Items are not provided, the processing of your request may be delayed.

**AUTHORIZATION TO RELEASE INFORMATION
AND CO-OP PROCESSING FEES DISCLOSURE**

I/we (referred to as “Borrower,” “I,” “me,” or “my” herein) acknowledge and agree that I am requesting Dovenmuehle Mortgage, Inc./Matrix Financial Services Corp./Two Harbors Investment Corp. (“Lender”) to process and release my collateral file documents (Stock Certificate, Proprietary Lease, loan documents and UCC-3 termination) in connection with the sale or refinance of my Cooperative Unit. Borrower understands that Jason L. Madfes, Esq. will act as Bailee to hold the appropriate collateral file documents and to represent Lender in the Co-op transaction. Borrower agrees to pay a \$850.00 processing fee to Jason L. Madfes, Esq., which is due at closing/ funding.

Borrower authorizes Lender, and their attorney to provide information about my loan to the new lender, the broker, if any, the closing attorney, my attorney, if any, and any other parties requesting information in connection with the Co-op transaction. Further, I agree to indemnify, defend, and hold Lender, and their respective affiliates, subsidiaries, parent company, representatives, agents, officers, directors, employees, contractors, attorneys, shareholders, investors, predecessors, successors, and assigns harmless from and against any claims, penalties, losses, damages, expenses, and costs relating to Lender, or their attorney’s providing information about my loan in accordance with this authorization.

Borrower Printed Name

Borrower Printed Name

Borrower Signature

Borrower Signature

Date

Date

REQUESTOR'S STATEMENT

I/We represent that the borrower(s) has/have authorized me/us to request the original collateral file for the above-referenced co-op loan on his/her/their behalf. I/We have reviewed the information contained above and represent that it is true and accurate. I/We understand that Jason L. Madfes, Esq. will be acting as the Bailee/Collateral-Payoff Attorney/Representative for Dovenmuehle Mortgage, Inc./Matrix Financial Services Corp./Two Harbors Investment Corp. ("Lender") in connection with the Co-op transaction. There will be a \$850.00 processing fee due to Jason L. Madfes, Esq. This fee is due at closing/funding. I agree to cooperate with Lender and their representative in the Co-op transaction. I understand the fees are due at closing/funding and the representative will not release the Stock Certificate, Proprietary Lease, or any of the documents from the collateral file until this fee has been paid and the lien holder has been paid in full.

Requestor's Name

Requestor's Company Name

Phone Number

Fax Number

Email Address

Requestor's Signature

Date