



1. TRANSACTION TYPE ☐ Sale ☒ Change ☐ Owner Satisfaction ☐ Refinance

2. PROPERTY IDENTIFICATION INFORMATION:

Municipality: LIVINGSTON TOWNSHIP County: ESSEX COUNTY
Block: 03200 Lot: 00018 Qualification: _____ Acct. #: 290070208
Property Location: 34 GLANNON RD, LIVINGSTON NJ 07039-4017
Owner Name: DISTLER STACEY, 34 GLANNON RD
Owner Mailing Address: LIVINGSTON, NJ 07039

3. ESCROW ACCOUNTING RESPONSIBILITY

CURRENT

NEW

MORTGAGEE

Name: _____
Address: _____
Contact: _____ Phone Number: _____
Bank Code #: _____ Loan Number: _____

Name: _____
Address: _____
Contact: _____ Phone Number: _____
Bank Code #: _____ Loan Number: _____

SERVICER

Name: LERETA, LLC
Address: 901 Corporate Center Dr.
Pomona, CA 91768
Contact: Brian Downey Phone Number: 800-537-3821
Bank Code #: 597 Loan Number: 2000006344

Name: CoreLogic Corporate Headquarters
Address: 3001 Hackberry Rd
Irving, TX 75063
Contact: _____ Phone Number: (800) 426-1466
Bank Code #: 00660 Loan Number: _____

PROPERTY TAX PROCESSOR

Name: _____
Address: _____
Contact: _____ Phone Number: _____
Bank Code #: _____ Loan Number: _____

Name: _____
Address: _____
Contact: _____ Phone Number: _____
Bank Code #: _____ Loan Number: _____

NOTE The rules (N.J.A.C. 5:33-4.5) require that the original tax bill be forwarded to the new property tax payor.

4. PROPERTY SALE OR OWNER SATISFACTION OF MORTGAGE:

Enter Date of Transaction: 06/10/2020

5. FORECLOSURE NOTICE REQUEST (pursuant to N.J.S.A. 5-4:5-104.48): Check the following box in the undersigned mortgagee requests notice of foreclosure in the event of In Rem Tax foreclosure proceedings on the above listed property **NOTICE REQUESTED** ☐

6. APPROVAL, CERTIFICATION AND CONCURRENCE:

The undersigned, being duly authorized submits this Escrow Account Transaction Notice to the Tax Collector of the municipality in which the above listed property is located and attests to its accuracy. The form may be countersigned by the purchaser in satisfaction of N.J.S.A. 17:16F-17(d) prior to submission to the Tax Collector. A copy of this form or other form with the same information must be sent to the mortgagee.

Signature: 
Printed Name: Sandra Rodarte
Company Name: LERETA, LLC
Phone Number: 800-537-3821
Date: 06/01/2020

Signature: _____
Printed Name: _____
Company Name: _____
Phone Number: _____
Date: _____