



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

2. PROPERTY IDENTIFICATION INFORMATION:

Municipality: LIVINGSTON TOWNSHIP County: ESSEX COUNTY
Block: 02903 Lot: 00013 Qualification: _____ Acct. #: 290070208
Property Location: 34 OAKWOOD AVE, LIVINGSTON NJ 07039-4143
Owner Name: GRANATA BARBARA A, 34 OAKWOOD AVE
Owner Mailing Address: LIVINGSTON, NJ 07039

3. ESCROW ACCOUNTING RESPONSIBILITY

CURRENT

NEW

MORTGAGEE	
Name: _____	Name: _____
Address: _____	Address: _____
Contact: _____ Phone Number: _____	Contact: _____ Phone Number: _____
Bank Code #: _____ Loan Number: _____	Bank Code #: _____ Loan Number: _____
SERVICER	
Name: <u>LERETA, LLC</u>	Name: <u>CoreLogic Corporate Headquarters</u>
Address: <u>901 Corporate Center Dr.</u> <u>Pomona, CA 91768</u>	Address: <u>3001 Hackberry Rd</u> <u>Irving, TX 75063</u>
Contact: <u>Brian Downey</u> Phone Number: <u>800-537-3821</u>	Contact: _____ Phone Number: <u>(800) 426-1466</u>
Bank Code #: <u>597</u> Loan Number: <u>2000012237</u>	Bank Code #: <u>00660</u> Loan Number: _____
PROPERTY TAX PROCESSOR	
Name: _____	Name: _____
Address: _____	Address: _____
Contact: _____ Phone Number: _____	Contact: _____ Phone Number: _____
Bank Code #: _____ Loan 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.

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

Purchaser's Authorized Agent
Signature: _____
Printed Name: _____
Company Name: _____
Phone Number: _____
Date: _____