New Jersey Department Of Community Affairs
Division of Local Government Services

ESCROW ACCOUNT TRANSACTION NOTICE

1. **TRANSACTION TYPE** ☐ Sale ☑ Change ☐ Owner Satisfaction ☐ Refinance

2. **PROPERTY IDENTIFICATION INFORMATION:**

Municipality: LIVINGSTON TOWNSHIP County: ESSEX COUNTY
Block: 05101 Lot: 00033 Qualification: _____ Acct. #: 290070208
Property Location: 176W HOBART, LIVINGSTON NJ 07039
Owner Name: PERSAUD VIVEKANAND, 176 W HOBART GAP ROAD
Owner Mailing Address: LIVINGSTON, NJ 070395141

RECEIVED
JUN 29 2020
TOWNSHIP OF LIVINGSTON

3. **ESCROW ACCOUNTING RESPONSIBILITY**

	CURRENT	*NEW*
MORTGAGEE		
Name:		
Address:		
Contact: / Phone Number:		
Bank Code #: / Loan Number:		
SERVICER		
Name:	LERETA, LLC	CoreLogic Corporate Headquarters
Address:	901 Corporate Center Dr. Pomona, CA 91768	3001 Hackberry Rd Irving, TX 75063
Contact: / Phone Number:	Brian Downey / 800-537-3821	/ (800) 426-1466
Bank Code #: / Loan Number:	597 / 0001583335	00660 /
PROPERTY TAX PROCESSOR		
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 forclosure 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	*Purchaser's Authorized Agent*
Signature: Sandra Rodarte	Signature:
Printed Name:: Sandra Rodarte	Printed Name::
Company Name: LERETA, LLC	Company Name:
Phone Number: 800-537-3821	Phone Number:
Date: 06/01/2020	Date: