



LAKESIDE FINANCIAL, INC.
2102 BUSINESS CENTER DR. #130
IRVINE, CA 92612-1012
PHONE (949) 768-1773 * FAX (949) 768-6363
EMAIL: HERB@NOFICO.NET
WEBSITE: WWW.NOFICO.NET

NOTE Buying Form

Contact Information (Seller / Broker)

First Name: _____

Last Name: _____

Email: _____

Best Contact Phone: _____ (Cell / Work / Home)

NOTE Information

Are you receiving payments currently: Yes No

Type of Property: _____

Payors Credit Score: _____

Property Value: _____ (Appraised / Realtor Value) please circle one if it applies

Owner Occupied: Yes No

Sale Date: _____ Sale Price: _____ Down Payment: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Original Note Amount: _____ Current Balance: _____

Type of Payments Made: (Monthly / Quarterly / Semi- Annual / Annually / Other) Please circle one

Number of Payments made: _____ When 1st payment made: _____ (month/day/year)

of Payments remaining: _____ Next Payment Due: _____

Current or Delinquent (Please circle one) Balloon Payment: Yes No

Balloon Payment Amount (if any) _____ Balloon Due Date: _____

Lien Position of Note: _____ Underlying Balance (if any) _____

2nd Remaining Balance (if any) _____

What else should we know about the note, the payor, the property?
or any additional information?

Please fax or email form to 949-768-6363 or Herb@cox.net