REAL ESTATE INVESTMENT AUTHORIZATION

Use this form to purchase real property in your iPlanGroup retirement account.

Questions? Our representatives are available to assist you at 855-604-7526.



| 1. ACCOUNT INFORMATION | | | | | |
|---|--|---|--|---|--|
| Account Owner Name Anul Courg Preferred Daytime Phone Wumber (216) 645-4355 | Preferred Daytime 8 | imail Address mt 101@gmail. | Preferred Da | roup Account Number: | |
| 'All email sent to or from the iPlanGroup cor 2. TRANSACTION INFORMATION | | ned, monitored and/or revi | ewed by iPlanGroup | personnel. | |
| All Cash Purchase | Exchange | Debt Finance | d Purchase | | |
| Percentage of Ownership your IRA will I | nold in this property Expe | | | are using Debt Financing, please information in Section 5. | |
| Total Down Payment Amount \$ | 60,000 | Total Purchase Price \$ 30,00 | | Account Purchase Price 30,000 | |
| This is a New Investment | This is an Add-On to a | nn Existing Investment | | | |
| 3. PROPERTY INFORMATION | | NAME OF THE PERSON ASSESSED AS | -Mariela Andrewski Mariela Mariela Mariela (1984) de de | | |
| Street Address 1564 Winchesto | er | | Apt. / Suite # | Parcel ID Number 315-11-065 | |
| Lakewood | County | hoga | | State Zip Code 44107 | |
| 4. CLOSING AGENT INFORMATIO | N S | | alan anna a' rinnsonna e sa gh' athlic sig hafil sa thail sa thail sa chainn | | |
| Closing Agent Name | Con | tact Person A S Kaylor | 1 - Real | Ly TRUST SEAVE | |
| Phone Number (330) 840-1073 | Fax Number | Email Add Chr. | SC Kayl | ty TRUST SCRUKE lox @ gmail.com | |
| 29950 DetRoit | Ad #300 We | stigke | State OH | Zip Code 44145 | |
| 5. FINANCING INFORMATION (IF | using debt financing for a p | portion of the purchase | e price) | | |
| Lender Name | A SUN A SUN A SUN A SUN ASSURE | | Loan Number (if k | nown) | |
| Contact Person | Phone Number | | Email Address | | |
| Address | City | | State | Zip Code | |

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| i | • | | | Gı | 0 | up |
|--------|----|----|----|------|----|-----|
| RETIRE | ME | NT | DR | IVEN | BY | YOU |

| Note Payment Instructions (Select one option) Note payments are to be paid directly from Monthly Payment Date Monthly Pa | ayment Amount | Note payments v | vill be made by ti | nc Property N | Manager |
|--|--------------------|---|--|---|--|
| Monthly Payment Date Monthly Pa | ayment Amount | Note payments v | vill be made by ti | nc Property N | Manager |
| | | | | | |
| | DNS | | | | |
| 6. TRANSACTION FUNDING INSTRUCTION | | agram o 10 gant ambur hamasiyoon day uu ahoraan anna suurubusaan ahaasaan oo harayo hay iyooda sagaa oo 1 | The second section of the second section of the second section of the second section of the second s | in Marine and American State of the Company of the | tourframe MARA Municipal Acts or my or representative as in the second |
| iPlanGroup may be required to process napplicable funding instructions below: | nultiple funding r | requests to complete this | real estate po | urchase. P | lease complete all |
| EARNEST FUNDS/ESCROW DEPOSIT | Regular Ch | eck Cashier's Check | (\$30 Fee) */Vlust | be sent via C | Overnight Delivery |
| | Delivery | Options: Regular Mal | Over | rnight Deliver | y (\$10 Fee + Cost) |
| Total Amount of Farnest Funds/Escrow Deposit \$ 1,000. | | Amount of Earnest Funds/E | scrow Deposit Re | equired From | This Account |
| Lancastle Title, LLC | | If Entity, Contact Name | | ************************************** | *************************************** |
| Address 4860 Lobin hood | l De. | Willough | by | State | Zip Code 44094 |
| Wire Transfer (\$30 Fee) | | | | | |
| Bank Name DANK OFAMERICA | N,A | Bank City Brea / CA | 9282 | 8 | State |
| O26009593 | 3 7 40 0 | 2240442 | For Credit To (| Account Nan | itle LLC |
| For Further Credit | Account Number | 07240442 | Reference 5 | witte | 183W |
| APPRAISAL FEE | Regular Cl | heck Cashler's Cher | ck (\$30 Fee) | respectable of service source, mosarilera. | Philosophianosa, March (14, 2 dd garaph Sparsac carbon, ace we gang |
| (if using debt financing, will be paid upon receipt of invoice from lender) | Delivery C | Options: Regular Ma | il Over | night Deliver | y (\$10 Fee + Cost) |
| Total Amount of Appraisal Funds Being Paid \$ | | Amount of Appraisal Funds (| Required From Th | nis Account | |
| Check Payee Name | | If Entity, Contact Name | and the first terminate of the state of the | PARENTA STATE NATIONAL AND | erreliter (teleprotest (telepro |
| Address | | City | MANAGEMENT AND | State | Zip Code |
| Wire Transfer (\$30 Fee) | | A | | | Andrews |
| Bank Name | | Bank City | | anganinganing sask an nagginasang agai agaa | State |
| ABA Routing Number | Account Number | I. | For Credit To (| Account Nan | ne) |
| For Further Credit | Account Number | | Reference | alan kananing nga kan nakalan manahaba | neuranie sancoure neurona en en en esta en A A en estre egyp en egyp |



4860 Robinhood Drive | Willoughby, OH 44094

ph: (440)942-5168 | fx: (440)201-7628

CLOSING INSTRUCTIONS

| Settlement | Agant. |
|-------------|--------|
| Octubilient | Augit. |

LandCastle Title, LLC

Date:

November 18, 2016

Buyer:

iplanGroup Agent For Custodian FBO Anup Garg Roth IRA

Seller:

Kondaur Capital Corporation, as Separate Trustee of Matawin Ventures Trust Series 2015-1

Property Address:

1564 Winchester Avenue

Lakewood, OH 44107

- 1. Please make sure all signatures match the signature lines and **NOTARIZE** and seal where indicated. If you do not have a notary, please be sure to make a copy of your picture ID.
- 2. Please make a copy of the Buyer's DRIVERS LICENSE or any other form of picture ID.
- 3. Every page must be initialed, even if there is not a signature line.
- 4. All the original documents **MUST** be overnighted via **UPS** or hand delivered to LandCastle Title, LLC, immediately following the closing.
- 5. Cashier's Check / Wire Transfer in the amount of \$ 30,62825 made payable to LandCastle Title, LLC.

If you have any questions, please feel free to contact Mike Norsic at 440-742-7047.

Buyer's address for Taxes and Documents:

ANUP Gang.

3717 W134 Cleveland of 44111

Phone Number:

216-469-8677

OH FormClosingInstructions

OH046-1601648PR

WIRING INSTRUCTIONS OHIO

Wire to:

Bank of America, N.A.

275 Valencia Ave, 2nd Floor

Brea, CA 92823 (714) 792-5546

Credit to:

Account Name:

LandCastle Title, LLC

Ohio Escrow Account

ABA Routing

Number (Domestic):

026009593

SWIFT Code

(International):

BOFAUS3N

Beneficiary Account

Number:

374002240442

Reference:

Buyer Name:

iplanGroup Agent For Custodian FBO Anup Garg Roth IRA

Property Address:

1564 Winchester Avenue, Lakewood, OH 44107

LCT Order No.:

OH046-1601648PR

PLEASE BE AWARE THAT LCT ONLY ACCEPTS WIRE TRANSACTIONS.

WE DO NOT ACCEPT ACH TRANSACTIONS, INTERNAL BOOK TRANSFERS OR CASH DEPOSITS.

TIMELY FUNDING NOTICE

Your timely delivery of funds is greatly appreciated. Please remember that your wire may take several hours to reach our bank once initiated and that we operate on Eastern time.

OFFER OF CLOSING PROTECTION COVERAGE

Pursuant to Ohio Revised Code Section 3953.32, you are hereby offered Closing Protection Coverage from Chicago Title Insurance Company in connection with the above-referenced transaction.

Premium for Coverage: The premium for the Closing Protection Coverage is \$40.00 for Lender; \$55.00 for Seller; \$20.00 for Buyer/Borrower; and \$20.00 for any other applicant for title insurance, and in no case shall the premium be less than \$40.00 for this coverage in any transaction.

Acceptance of Offer/Declination of Offer

| I (We), the undersigned, acknowledge receipt of and Offer of Closing Protection Coverage and | this Notice of Availability of Closing Protection Coverage |
|---|--|
| DO accept the said Offer | |
| DO NOT accept the said Offer | |
| If this Offer is accepted, the undersigned hereby a | |
| SELLER: | BUYER: Dated: 11/17/16 |
| Dated: | Dated: |
| Kondaur Capital Corporation, as Separate Trustee of Matawin Ventures Trust Series 2015-1 | iplanGroup Agent For Custodian FBO Anup Garg Roth IRA |
| BY: | BY: |
| A lender's closing instructions requiring Closin acknowledgement of receipt of the Notice of Avacceptance of the Offer of Closing Protection Coverage | ailability of Closing Protection Coverage and its |



Addendum A

| (Street) 1304 Williamster Avenue | (City) Lakewood | , Ohio |
|---|--|---------------|
| Between (Buyer) iPlanGroup Agent for Cu | | and |
| (Seller) Kondaur Capital Corporation, as separat | te trustee of Matawin Ventures Trust Series 20 | 15-1 <u>.</u> |
| | | |
| The following is hereby mutually agreed up | pon by said BUYERS and the SELLERS: | |
| Title to transfer on or before November 21, 2016 | | |
| | | |
| | | |
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| | Austodian FBO ANUP | Gang. |
| BUNG: TPIGNECOUS ACONT | | |
| Buyer: 1914NG COUP AGENT 4 | Date ///// | |
| Buyer: IP/4N660up Agent & Buyer: Any Bay | DateDate | |
| | | |
| Buyer: <u>Illan660up Aigent</u> Buyer: <u>Anyr Bary</u> Seller: Seller: | Date | |