## TITLE GUARANTY ESCROW SERVICES, INC.



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## **BUYER'S PROJECT INFORMATION SHEET**

## **Title Vesting Options:**

The following tenancies are used in the State of Hawaii. These are the only general summaries, and you are encouraged to consult your attorney or accountant to help determine which you should use:

☐ TENANTS IN COMMON - Ownership of the property by two or more persons or entities, each with separate percentage interests. You must specify the percentage interest for each owner. Generally, each owner has equal rights to possess and

☐ SEVERALTY - Sole ownership of the property by one person or entity.

| owner's interest in the property passes to that   | owner's heirs, not to the other owners.   |
|---|---|
| registered under Hawaii Revised Statutes C<br>Revised Statutes Chapter 572B. Generally<br>creditors of one of the owners (please cons<br>automatically, without probate, to the survivi | int tenancy ownership available only to a married couple, reciprocal beneficiaries hapter 572C, and partners to a civil union meeting the requirements of Hawaii , property held in this tenancy is protected against claims under state law by ult your attorney for details). When one owner dies, his or her interest passes ng spouse, reciprocal beneficiary or civil union partner. Until death, divorce, or tus, both owners' signatures are required for any deeds, mortgages, or other |
| individuals, and not companies, trustees, or  | re individuals, each with an equal interest in the property. Can only be used by other entities. When one owner dies, his or her interest passes automatically, ne of the owners may sever the joint tenancy by conveying his or her interest.  |
| a corporation, partnership, limited liability company o supply percentage interest of each party. NOTE: If r  | al or other applicable status, state of incorporation or registration if the grantee is r other legal entity, and street address. If tenancy in common is used, please narried, registered reciprocal beneficiary, or partner to a civil union, the full legal d regardless of vesting. Attach additional pages if necessary):  |
| Indiv Full Name:  | Indiv Full Name:  |
| Address:  | Addison   |
| Marital Status (Check One):   | Marital Status (Check One):   |
| Single  | Single  |
| Married (Spouse's Name:   | )Married (Spouse's Name:)   |
| Reciprocal Beneficiary  | Reciprocal Beneficiary  |
| (Beneficiary's Name:  | ) (Beneficiary's Name:)   |
| Civil Union (Partner's Name:  | )Civil Union (Partner's Name:)  |
| If Applicable: Tenants in Common%   | If Applicable: Tenants in Common%   |
| Entity's Name:  |   |
| Address:  |   |
| State of Incorporation/Registration:  |   |
| T8-191-1018 -0 Apt. No. KOULA   | Attn: JANET NELSON  |

T8-191-1018 -0 21432 JCN:JCN

## ☐ TRUST: If title vests in a trust or you intend to put title in a trust, please forward a copy of your trust agreement. If you intend to put title in a trust, you must already have a trust or see an attorney of your choice to set one up for you. The trust agreement must give the trustee the power to own real estate. If new financing is involved, please inform your loan officer that title will be held in trust. □ CORPORATION, PARTNERSHIP, LLP, OR LLC: If title vests in one of these entities or if you intend to put title in one of these entities, authority documents (corporate resolutions, partnership agreements, operating agreements, etc.) and certificates of good standing from the state or country in which you are registered must be forwarded to Escrow. Please contact your Escrow Officer for specific requirements. 1031: If you intend to complete a 1031 exchange, please provide escrow with the exchange agreement and the Facilitator contact information. Department Power of Attorney, If you intend to acquire, mortgage or convey title to the property by way of a Power of Attorney, please provide the original Power of Attorney for the title company's review for insurability and recordability. The Financial Privacy Act of 1978, requires that lenders and collection agencies be furnished with authorization which will allow them to disclose the status of accounts and to deliver any information concerning this transaction. By signing this letter, you authorize the release of said information to Escrow. **ACKNOWLEDGMENT** \_\_\_\_\_ Date \_\_\_\_\_ x Signature Signature Print Name: Print Name: \_\_\_\_\_ Social Security/TIN No.: Social Security/TIN No.:

Best phone # to reach me:

Additional Information Required (Please select if applicable):

Best phone # to reach me:

T8-191-1018 -0 Apt. No. KOULA Attn: JANET NELSON