GOVERNOR Gavin Newsom - COMMISSIONER Clothilde V. Hewlett

In Reply Refer to: File No: 96DBO-109316

FOUNTAIN VALLEY ESCROW, INC. CLAIM FORM

Return the claim form and supporting documents to the Department of Financial Protection and Innovation on or before December 23, 2024

Date:	
Escrow Number, Check Number, or	Other Reference Number (please specify):
Dollar Amount Claimed (Do not inc	lude interest): \$
Name of person(s) or company maki	ing claim:
The mailing address of the person(s)	or company making the claim:
The telephone number you can be re	eached at:
Basis for the claim (attach copies of statement, copy of check, etc.):	all pertinent documents, such as escrow instructions, closing
I hereby certify under penalty of perjinformation is accurate and correct.	jury under the laws of the State of California that this
Date	
Print Name	Signature
Return this form and supporting doc	uments on or before December 23, 2024, to:
Department of Financial Protection a	
Kitlin Chan-ESC, Conservator for Fo	
320 W. 4th Street, Suite 750	- -
Los Angeles, CA 90013-2344	