

**El Dorado County**  
**CHIEF ADMINISTRATIVE OFFICE**

Housing, Community and Economic Development Programs  
 Terri Daly, Chief Administrative Officer

330 Fair Lane  
 Placerville, CA 95667  
 (530) 621-5595  
 Fax: (530) 642-0301

**PAYOFF DEMAND STATEMENT**  
 TIM FEE OFFSET PROGRAM

TO: Placer Title Company  
 Lorie Bridenbaker  
 175 Placerville Drive  
 Placerville CA 95667  
 530-626-3770

RECIPIENT: EL DORADO COUNTY  
 CHIEF ADMINISTRATIVE OFFICE  
 HCED Programs  
 330 Fair Lane, Bldg. A  
 Placerville, CA 95667  
 530-621-5159

Date: August 7, 2013  
 Payor: **Douglas Haines, et al**  
 Recipient: El Dorado County Health and Human Services Agency

Escrow Number: 201-43944  
 Loan Number: **TIM052709**

The County is pleased to furnish you with the following information:

Original TIM Fee Offset	Zone 3	<b>\$27,180.00</b>
TIM Fee Offset Agreement Dated		<b>05/27/2009</b>
Per Diem 5/27/2009 to 8/8/2013		
\$27,180 Prorated at 1/20 per year/day	\$1,359.00	\$3.72
Payoff Date		<b>08/08/2013</b>
Number of Days Per Agreement (20 years /365 days)		7,300
Number of Days of Affordability (credit TIM Fee Date to Payoff Date)		<b>1,534</b>
Number of Days Remaining on Agreement		5,766
<i>Formula - Number of days remaining on Agreement multiplied by the daily per diem of the TIM Fee Offset.</i>		
<b>BALANCE DUE</b>		<b>\$21,468.48</b>

Note: \$27,180 represents the TIM Fee Offset approved by the Board of Supervisors and the TIM Fee in effect for this zone at the time of application.

The County is not responsible for tracking real property taxes, underlying obligations or other extraordinary provisions of the parties' agreements.

The County is not responsible for clearing title and do not insure the validity or legal enforceability of any documents we hold pursuant to a contract collections or escrow agreement. Release of documents and/or funds will depend upon collection of payoff funds.  
 Any original release documents held by us may be sent to the payors or their agent.

The County reserves the right to correct any portion of this statement at any time. **Certified funds are required on all payoffs.** Beneficiary's/Seller's approval signature required YES  NO .

Beneficiary's / Seller's Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Kimbery Kerr  
 Assistant Chief Administrative Officer