

Unofficial 20 Document

AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL IDENTIFICATION NUMBER(S)

Primary Parcel: 101-20-744 -
BOOK MAP PARCEL SPLIT

Does this sale include any parcels that are being split / divided?

Check one: Yes No

How many parcels, other than the Primary Parcel, are included in this sale?

Please list the additional parcels below (attach list if necessary):

(1) 101-20-742 (3)
(2) (4)

2. SELLER'S NAME AND ADDRESS:

WA Avondale 1, LLC and WA Avondale 2, LLC and WA Avondale 3, LLC and WA Avondale 4, LLC and WA Avondale 5, LLC and WA Avondale 6, LLC and WA Avondale 7, LLC and WA Avondale 8, LLC and WA Avondale 9, LLC and WA Avondale 12, LLC and WA Avondale 13, LLC and WA Avondale 15, LLC

C/O Coni Rathbone - 4949 Meadows Road, Suite 600

Lake Oswego, OR 97035

3. (a) BUYER'S NAME AND ADDRESS:

WFC Avondale Fiesta, LLC, a Delaware limited liability company
11440 San Vicente Boulevard, Suite 200
Los Angeles, CA 90049

(b) Are the Buyer and Seller related? Yes No

If Yes, state relationship:

4. ADDRESS OF PROPERTY:

11435 West Buckeye Road

Avondale, AZ

5. (a) MAIL TAX BILL TO: (Taxes due even if no bill received)

Westwood Financial Corp.

11440 San Vicente Boulevard, Suite 200

Los Angeles, CA 90049

(b) Next tax payment due

6. PROPERTY TYPE (for primary parcel): NOTE: Check Only One Box

- a. Vacant land f. Commercial or Industrial Use
b. Single Family Residence g. Agriculture
c. Condo or Townhouse h. Mobile or manufactured Home
 Affixed Not Affixed
d. 2-4 Plex i. Other Use; Specify:
e. Apartment Building Shopping Center

7. RESIDENTIAL BUYER'S USE: If you checked b, c, d or h in item 6 above, please check one of the following:

- a. To be used as a primary residence.
b. To be rented to someone other than a "qualified family member."
c. To be used as a non-primary or secondary residence.

See reverse side for definition of a "primary residence, secondary residence" and "family member."

8. If you checked e or f in item 6 above, indicate the number of units:

For Apartments, Motels / Hotels, Mobile Home / RV Parks, etc.

9. TYPE OF DEED OR INSTRUMENT (Check Only One Box):

- a. Warranty Deed d. Contract or Agreement
b. Special Warranty Deed e. Quit Claim Deed
c. Joint Tenancy Deed f. Other:

10. SALE PRICE: \$7,600,000.00 00

11. DATE OF SALE (Numeric Digits): 0 8 / 1 5
Month/Year

12. DOWN PAYMENT \$7,600,000.00 00

13. METHOD OF FINANCING:

- a. Cash (100% of Sale Price) e. New loan(s) from
Financial institution:
b. Barter or trade (1) Conventional
c. Assumption of existing loan(s) (2) VA
(3) FHA
d. Seller Loan (Carryback) f. Other financing; Specify:

14. PERSONAL PROPERTY (see reverse side for definition):

(a) Did the Sale Price in item 10 include Personal Property that impacted the Sale Price by 5 percent or more? Yes No

(b) If Yes, provide the dollar amount of the Personal Property:

\$ 00 AND

briefly describe the Personal Property:

15. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest:

16. SOLAR / ENERGY EFFICIENT COMPONENTS:

(a) Did the Sale Price in Item 10 include solar energy devices, energy efficient building components, renewable energy equipment or combined heat and power systems that impacted the Sale Price by 5 percent or more? Yes No

If Yes, briefly describe the solar / energy efficient components:

17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone Number):

First American Title Company National Commercial Services

777 South Figueroa Street, Suite 400

Los Angeles, CA 90017

Phone (213)271-1700

18. LEGAL DESCRIPTION (attach copy if necessary):

SEE ATTACHED

THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signed in counterpart

Signature of Seller / Agent
State of Arizona, County of Maricopa
Subscribed and sworn to before me on this ___ day of ___ 20 ___
Notary Public _____
Notary Expiration Date _____

Signature of Buyer / Agent - VP of Westwood Financial Corporation,
Manager
State of Arizona, County of Maricopa
Subscribed and sworn to before me on this ___ day of ___ 20 ___
Notary Public SEE ATTACHED
Notary Expiration Date CALIFORNIA NOTARY

DOR FORM 82162 (04/2014)

Unofficial Document

SEE ATTACHED ACKNOWLEDGMENT

18. LEGAL DESCRIPTION (attach copy if necessary):

SEE ATTACHED

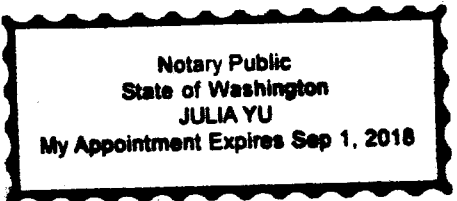
THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signature of Seller / Agent *[Signature]*
 State of Washington, County of Washington King
 Subscribed and sworn to before me on this 17th day of August 2015
 Notary Public *[Signature]*
 Notary Expiration Date Sept 1, 2018

Signature of Buyer / Agent _____
 State of Arizona, County of Maricopa
 Subscribed and sworn to before me on this _____ day of _____ 20____
 Notary Public _____
 Notary Expiration Date _____

DOR FORM 82162 (04/2014)

For James Martin Clark.



CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Los Angeles }

On August 25, 2015 before me, Kjandra June Harrell, Notary Public,
(Here insert name and title of the officer)

personally appeared Lawrence F. Stern
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
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WITNESS my hand and official seal.

[Handwritten Signature]
Notary Public Signature



(Notary Public Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)
Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer

(Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

EXHIBIT "A"

PARCEL NO. 1

LOTS 3 AND 5, OF AVONDALE FIESTA, ACCORDING TO THE PLAT OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF MARICOPA COUNTY, ARIZONA, RECORDED IN BOOK 670 OF MAPS, PAGE 20.

PARCEL NO. 2

NON-EXCLUSIVE EASEMENTS FOR INGRESS AND EGRESS AS SET FORTH IN AMENDED AND RESTATED DECLARATION OF EASEMENTS, COVENANTS AND RESTRICTIONS RECORDED JULY 29, 2003 AS 2003-1008506 OF OFFICIAL RECORDS.