Ohio Sheriff Sales REALTOR BUYER REFERRAL REGISTRATION FORM Print this form and fax to 1.877.772.4217 or email to timlileauctioneer@gmail.com

| Referring Licensee: | Con | mpany: |
|--|-------------------------------|---|
| Address: | | |
| | | l: |
| Real Estate License Number | | |
| As a licensed real estate 1 | Broker/Salesperson, 1 | I wish to register the following client: |
| Registrant Name: | | |
| Address: | | |
| | | 1: |
| For the upcoming online- | only foreclosure auct | tion of the following subject property: |
| 22401 Cygr | net Road, Custar (Jac | ekson TWP), Ohio 43511 |
| I understand and acknowledge: | | |
| Agency is NOT in effect. By pro- | perly registering your bidder | ng offered via a judicial sale process under Court Order r for this auction, you are eligible to receive a Buye ould my Registrant be the successful bidder, pay for an |
| 2) I must register my bidder with this scheduled auction end time (no ex | | ir registering online no less than 48 hours prior to the |
| 3) No oral registrations will be accept | ted. | |
| THERE WILL BE NO | EXCEPTIONS TO TH | ESE MINIMAL REQUIREMENTS. |
| In addition to my signature belo have read, understand and ackr | | ture of my Registrant, indicating that they he above. |
| Referring Licensee Signature: _ | | Date |
| Registrant Signature: | | Date |
| | | |
| Private Selling Officer Acknowle | edgment Da | Pate |