

**TOM WEBB**

Your West and Central Michigan Realtor

# Why choose Tom Webb as your REO Realtor?

The reason is simple. It starts with the belief that “Bank owned property. EMD to be held with LA” is not a property description. It continues with the commitment to aggressively market your property to improve your turn rate and profitability. And it ends with the resolve to understand your objectives, effectively represent your interests and assist you in accomplishing your goals.

I offer a new standard in REO services and representation based on a solid foundation of expertise and proficiency:

- Licensed Michigan Realtor
- Significant real estate experience
- Nearly two decades corporate marketing and sales experience
- Licensed Residential Builder (Michigan)
- Masters Degree in Administration
- Certified Foreclosure Specialist (CFS)
- Complete understanding of REO processes, systems and expectations
- Large coverage area
- Member REOTrans & res.net

Please contact me to discuss your next need for an agent. Experience for yourself my standard of service. I look forward to working with your organization.

Tom Webb 

Five Star Real Estate  
1545 68th Street SE  
Suite 201  
Grand Rapids, Michigan 49508

Phone: 888-891-5780  
Fax: 734-786-0073  
E-mail: [tom@tomwebb.com](mailto:tom@tomwebb.com)



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# Important Information: At a Glance.

## Contact information:

(888) 891-5780 office/cell

tom@tomwebb.com email (mobile)

www.tomwebb.com website

Res.net id—42818

## Broker information:

Five Star Real Estate

1545 68th Street SE, Suite 201

Grand Rapids, Michigan 49508

Tax id # 38-3265924

License # 650527638

## License/insurance information:

Michigan real estate: 6501355808

Michigan residential builder: 2101176599

E&O insurance: Pinnacle Insurance Group, LHR715985

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## Services Overview

I am pleased to offer the following services to corporate property managers:

- Sales Listings
- Negotiations
- Property Specific Marketing Plans
- Occupancy Verification
- Cash for Keys
- Site Inspections
- Winterizing / Board Ups
- BPO's
- Trash Outs
- Lawn Care and Snow Removal
- Digital Pictures
- Fast E-Mail Response
- Restoration Bids
- Monthly Status Reports
- Conversion of Utilities
- Maintenance During Redemption Period
- Additional Services as Needed

Tom Webb  REALTOR<sup>®</sup>

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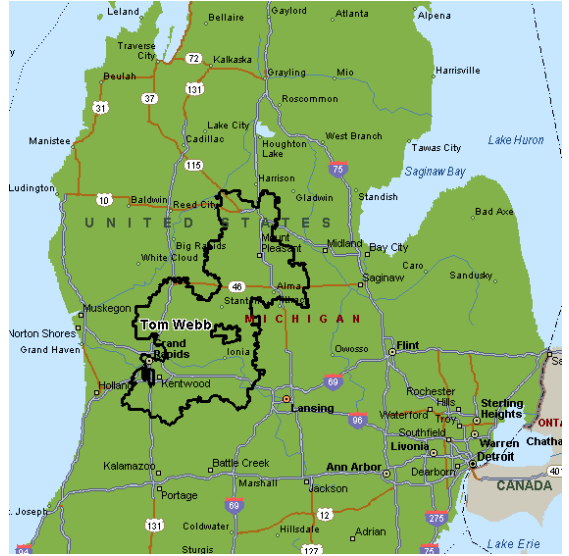
Phone: 888-891-5780  
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E-mail: [tom@tomwebb.com](mailto:tom@tomwebb.com)



# Coverage Area

Service area by county:

- Kent
- Montcalm
- Barry
- Ionia
- Isabella
- Gratiot



Service area by zip code:

49333	48849	49331	49508	48890
48622	48815	49302	49301	49546
48617	49325	49323	49506	48809
48880	48881	49316	48891	49329
48615	48846	49348	48812	49512
48662	48858	49315	48829	49330
48801	48893	49418	48852	48861
48832	48632	49345	48888	49339
48877	48878	49341	48885	49549
48865	48896	49306	48884	49319
48870	48883	49433	48818	48875
48845	49310	49504	48811	
48860	49340	49503	48838	
48873	49343	49507	49347	
48851	49326	49509	49322	

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CUT OUT FOR WALLET CARD

STATE OF MICHIGAN - DEPARTMENT OF LABOR & ECONOMIC GROWTH  
 REAL ESTATE SALESPERSON LICENSE

THOMAS JAMES WEBB  
 3400 CROLL ROAD  
 BEAVERTON, MI 48612

EMPLOYING BROKER # 6505275328  
 FIVE STAR REAL ESTATE LLC  
 DBA: FIVE STAR REAL ESTATE

PERMANENT ID. NO. 6501355808  
 EXPIRATION DATE 10/31/2009 18063

**RENEWED**  
 NOV 10 2008

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.  
 REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

**Inquiries Regarding this License**

Please provide your license number on all correspondence, and when contacting the Department.

[www.michigan.gov/commerciallicensing](http://www.michigan.gov/commerciallicensing)

Bureau of Commercial Services  
 Department of Labor & Economic Growth  
 P.O. Box 30018  
 Lansing, MI 48909

**REAL ESTATE BROKERS AND SALESPERSONS**  
 517-241-9266

**Complaint Information**

The issuance of this license or permit should not be construed as a waiver or dismissal of any complaints or violations pending against the licensee, its agents, employees or qualifying officer.

**Decorative State of Michigan Wall Certificate**

An optional decorative wall certificate is available for a fee. To obtain a certificate contact the vendor, Impact Solutions, at [www.impactsolution.net](http://www.impactsolution.net) or 800-289-2494.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/06/2009

**PRODUCER** (616) 458- 8990 **FAX** (616) 913- 3301  
Pinnacle Insurance Partners  
1430 Monroe Ave. NW, Suite 100  
Grand Rapids, MI 49505  
Pat Klatt

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURED** Five Star Real Estate, LLC  
4601 Lake Michigan Dr NW  
Grand Rapids, MI 49544

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	North Pointe Insurance Co.	064
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Real Estate Agents <input type="checkbox"/> Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LHR715985	12/26/2008	12/26/2009	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
				GENERAL AGGREGATE	\$ 1,000,000	
				PRODUCTS - COMP/OP AGG	\$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHR
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

Insured's Copy of Professional  
Real Estate Agents Errors & Omissions  
Coverage

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Michael Poggi / PAT

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Five Star Real Estate</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) <b>4601 Lake Michigan Dr. NW</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Grand Rapids, MI 49534</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number
38 : 3265924

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Shonda Law</i>	Date ▶ <i>1-6-2009</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,