

Portfolio

ESCROW, INC.
ESCROW, INC.

11990 San Vicente Blvd., #100A
Los Angeles, CA 90049

Phone: (424) 203-1841
Fax: (310) 861-8246

SELLERS INFORMATION SHEET

ESCROW NO.: _____

PROPERTY ADDRESS: _____

EXISTING FIRST TRUST DEED LOAN:

Name of Lender: _____ Current Balance: _____
Address: _____
Loan No.: _____ Phone No.: _____

EXISTING SECOND TRUST DEED LOAN, IF ANY

Name of Lender: _____ Current Balance: _____
Address: _____
Loan No.: _____ Phone No.: _____

HOMEOWNER'S ASSOCIATION INFORMATION

Name of Association: _____
Management Company, if any: _____
Address: _____
Account No.: _____ Phone No.: _____
Dues per Month: \$ _____ Paid to: _____

WATER STOCK COMPANY

Water Stock No. Shares: _____
Water Company: _____
Address payment sent to: _____

MAILING ADDRESS AFTER CLOSE OF ESCROW:

USE REVERSE FOR ANY ADDITIONAL LOANS.

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR SIGNED ESCROW INSTRUCTIONS.

THANK YOU.

As may be specifically and properly required to complete my transaction described in the Escrow Instructions, you are hereby instructed to obtain and comply with pay-off "demands" from the Lenders or parties named above and to make payment(s) in full from funds accruing to my account at close of escrow including but not limited to, forwarding/service/transfer fees/payments/reconveyance fees, interest or prepayment charges as demanded by such instructions without my further approval. The above referenced Lender, Homeowner's Association, and Mutual Water Company may accept a copy of this signed notice as authorization to release information requested by PORTFOLIO ESCROW, INC..

