| BRIG | shton escrowinc. |
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| | Artesia Blvd. • Hermosa Beach, CA 90254 310) 545-8484 • Fax: (310) 374-9865 |
| ESCROW NO.: | R'S ESCROW INFORMATION SHEET |
| | TELY AND RETURN TO OUR OFFICE AS SOON AS POSSIBLE AS IT |
| WILL ASSIST US IN THE ADMINISTRATION | |
| 1. SELLER(S): | |
| SOCIAL SECURITY # | |
| HOME PHONE NUMBER: () | 1st PARTY WORK PHONE NUMBER: () |
| FAX NUMBER: | 2nd PARTY PHONE NUMBER: () |
| 1st PARTY CELL NUMBER: () | 2nd PARTY CELL NUMBER: () |
| 1st PARTY EMAIL: | 2nd PARTY EMAIL: |
| 2. PROPERTY ADDRESS: | |
| 3. SELLER(S) CURRENT MAILING ADDRESS: | |
| 4. SELLER(S) MAILING ADDRESS AFTER THE CLOSE | OF ESCROW: |
| | |
| 5. EXISTING LOAN(S) THAT ARE CURRENTLY F <u>RECORDED</u> AGAINST THE PROPERTY PRIOR | RECORDED AGAINST THE PROPERTY <u>OR ANY NEW LOANS THAT WILL BE</u> TO CLOSE OF ESCROW: |
| FIRST TRUST DEED LENDER: | LOAN NUMBER: |
| PHONE NUMBER: () | APPROXIMATE BALANCE: \$ |
| SECOND TRUST DEED LENDER: | LOAN NUMBER: |
| PHONE NUMBER: () | APPROXIMATE BALANCE: \$ |
| authorized to pay at the close of escrow, any encumbrances of prepayment charges if any, and/or pay any delinquent monthl subsequent approval. Seller is aware that lenders forward their the insuring title company and NOT by Brighton Escrow, Inc Sel | structed to order and obtain payoff statement from all lien holders and from Seller's funds, escrow holder is of record, plus accrued interest, charge, including forwarding/service/transfer fee, reconveyance fees and y installment(s) on existing encumbrance(s) as disclosed by Beneficiary/Demand Statement, without my demand for payment directly to the insuring title company and at close of escrow, said demands are paid by ller agrees to seek any redress directly from lender(s) and/or insuring title company should payment to lender quire payment of loans to offices outside of the area and/or outside of the state. Insuring title company may and Seller agrees to pay same. |
| EQUITY LINE OF CREDIT LENDER: | LOAN NUMBER: |
| PHONE NUMBER: () | APPROXIMATE BALANCE: \$ |
| account upon receipt of this notice. I/we agree to pay | IT LINE: The undersigned hereby authorizes you to close the above referenced credit line any charges pending that may not be reflected on the demand for payoff issued to Brighton his account. Upon receipt of funds representing payment in full, you are to forward the full ictions. |
| Escrow, Inc. harmless from incurring any costs of additional char certain equity line of credit deed of trust shown on preliminary tit item, and have not drawn an advance on said item since the ope this information sheet. In the event after receipt of our payoff the | dersigned seller under penalty of perjury hereby indemnify and hold the title insurance company and Brightor ges, interest, and advances made but not disclosed on the demand statement provided for the payoff of that le report, if any. The undersigned seller have instructed the existing lender to freeze the above referenced ning of escrow. The undersigned seller believe the approximate payoff amount to be the amount shown or lender makes demand for additional funds, the undersigned seller agrees to deposit those funds immediately title company to utilize those funds to effectuate the close of the referenced equity line of credit deed of trust. |
| 6. INSURANCE COMPANY: | |
| PHONE NUMBER: () | POLICY NUMBER: does does not cover fire/hazard for the structural dwellings. |
| 7. HOMEOWNER'S ASSOCIATION (If property is a Conc | dominium) HOA isActiveInactive |
| Management Company: | |
| MAILING ADDRESS: Amount of DUES: \$ PaidMon | CONTACT PERSON PHONE NUMBER: () thlyQuarterly Semi annuallyAnnually |
| | |
| INFORMATION THAT YOU FEEL WE MAY REQU | GE FOR DELIVERY OF YOUR NET PROCEEDS AS WELL AS ANY ADDITIONAL JIRE. SE COMPLETE, DATE, SIGN AND RETURN |
| | |
| - Seller | - Seller |

PROCEEDS DISBURSEMENT/OPTIONS FOR DELIVERY OF FUNDS:

At close of escrow, escrow holder is authorized and instructed to deliver net proceeds as per indicated option below: (For entire net proceeds, please choose ONE option only - if choosing multiple options, please indicate the appropriate amount or percentages of the net proceeds)

| () Remit the entire net proceeds in the form of a trust account check payable to the undersigned at close of escrow. | | | |
|--|---|--|--|
| () initial |) Remit trust account checks as follows: | | |
| Paye | ee | Amount \$ | |
| Paye | ee | Amount \$ | |
| Paye | ee | Amount \$ | |
| Paye | ee | Amount \$ | |
| () initial |) Remit net proceeds or \$ via w | vire transfer through City National Bank to: | |
| | BeneficiaryBank: | | |
| | Address: Phone: | | |
| | Account No.: | | |
| | ABA/Routing No.: | | |
| | PLEASE NOTE: Incorrect ABA/Routing Numbers will result in a delay in receiving your funds. Please confirm this number with your bank. | | |
| | For credit to (payee/name on account): | | |
| | | | |
| () initial |) Remit proceeds or \$ via w | rire transfer through City National Bank to: | |
| | BeneficiaryBank: | | |
| | Address: Phone: | | |
| | Account No.: ABA/Routing No.: | | |
| | PLEASE NOTE: Incorrect ABA/Routing Num Please confirm this number with your bank. | bers will result in a delay in receiving your funds. | |
| | For credit to (payee/name on account): | | |
| | | | |

PLEASE NOTE: Additional instructions, conditions or restrictions may apply in the event the payee(s) are other

ADDITIONAL INFORMATION:

than record owner(s).

- Seller