

All Seasons Escrow

6183 Paseo Del Norte, Suite 280
Carlsbad, CA 92011

Phone: (760) 692-1111
Fax: (760) 692-1112

DATE:

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 ALL SEASONS ESCROW.
