



8141 E. Kaiser Blvd. Ste. 205
Anaheim Hills, CA 92808
Phone: (714) 941-6900
Fax: (714) 864-3058

SOCIAL SECURITY NUMBER (HIS): _____

SOCIAL SECURITY NUMBER (HERS): _____

FIRST TRUST DEED LENDER: _____

Loan No.: _____ Phone #: _____

Approximate Balance \$ _____

2ND TRUST DEED LENDER: _____

Loan No.: _____ Phone #: _____

Approximate Balance \$ _____

OTHER LOAN/LINE OF CREDIT: _____

Loan No.: _____ Phone #: _____

Approximate Balance\$ _____

MANAGEMENT COMPANY: _____

Phone: _____

HOMEOWNERS ASSOCIATION: _____

Phone: _____

Assoc Dues per Month: _____ Next Due: _____

SECOND HOMEOWNERS ASSOCIATION: _____

Address: _____

Phone: _____

Association Dues per Month: _____ Next Due: _____

SELLERS FORWARDING ADDRESS AT THE CLOSE OF ESCROW:

WATER STOCK: _____

As may be specifically and properly required to complete my transaction described in the escrow instructions, you are hereby authorized and instructed to obtain and comply with transfer instructions and/or payoff demands from the lenders or parties named above and to make payments in full 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, reconveyance fees, interest and prepayment charges as demanded by such instructions, without my further approval. In addition, you are authorized to speak with and receive information from my Lender(s), HOA Management Company or any Lien Holder on my behalf regarding my account during the transaction and post-transaction, if necessary.

DATE: _____

Signature

Signature