



# LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100  
Northridge, CA 91324

Phone: (818) 360-9944  
Fax: (818) 678-0195  
(818) 678-0196

Complete Fully & Return

ESCROW NO.: \_\_\_\_\_

Escrow holder is hereby instructed to disburse borrower's proceeds at the close of escrow as follows:

**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS.**

\_\_\_\_\_ Borrower will pick up check  
(checks will be issued within 24 hours of closing)

\_\_\_\_\_ Escrow to mail check to the following address:

\_\_\_\_\_

\_\_\_\_\_ Escrow to wire funds (ONLY AVAILABLE FOR FUNDS OF \$5,000 OR GREATER)  
(funds will be wired within 24 hours of closing)

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

Name(s) which appear on the account: \_\_\_\_\_

\_\_\_\_\_ Escrow to issue a cashier's check. Please note: checks will be issued within 24 hours of closing.  
(ONLY AVAILABLE FOR FUNDS OF \$5,000 OR GREATER)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Borrower(s):

\_\_\_\_\_ Print Name

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Signature

**PLEASE SIGN  
& RETURN**



# LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100  
Northridge, CA 91324

Phone: (818) 360-9944  
Fax: (818) 360-0890

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ESCROW NO.: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

**EXISTING FIRST TRUST DEED LOAN:**

Name of Lender: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Loan No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Primary Borrower: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**EXISTING SECOND TRUST DEED LOAN, IF ANY**

Name of Lender: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Loan No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Primary Borrower: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Line of Credit: YES or NO (circle one) **\*\*This Line of Credit will be frozen/closed upon request of this demand/payoff statement\*\***

**HOMEOWNER'S ASSOCIATION INFORMATION**

Name of Association: \_\_\_\_\_

Management Company, if any \_\_\_\_\_

Account No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Dues per Month: \$ \_\_\_\_\_ Paid to: \_\_\_\_\_

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 LANDMARK ESCROW.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Borrower Signature

**PLEASE SIGN  
& RETURN**



# LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100  
Northridge, CA 91324

Phone: (818) 360-9944  
Fax: (818) 678-0166

**Complete Fully & Return**

ESCROW NO.: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

## TO THE BORROWER

In order that we may expedite the closing of your escrow, please furnish us with the following information:

### **FIRE INSURANCE COMPANY:**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Agent: \_\_\_\_\_

FAX: \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_

**\*\*\*If there is a balance due on your premium and it is a requirement from your Lender, we will have to pay the amount due at the close of escrow.**

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

BORROWER(S):

\_\_\_\_\_

\_\_\_\_\_

**PLEASE SIGN  
& RETURN**

**\*\*\* PLEASE COMPLETE, SIGN AND RETURN \*\*\***

*Complete Fully & Return*

**CONFIDENTIAL INFORMATION STATEMENT**

Proper completion of this form will help protect you by enabling the title company to eliminate the problems that might arise through similarity of your name with the name of another person against whom there may be judgments, tax liens, or other matters affecting property ownership.

**COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU**

|                                  |        |                      |                                  |        |                      |
|----------------------------------|--------|----------------------|----------------------------------|--------|----------------------|
| Name (1st Party)                 |        |                      | Name (2nd Party)                 |        |                      |
| First                            | Middle | Last                 | First                            | Middle | Last                 |
| Date of Birth                    |        | Birthplace           | Date of Birth                    |        | Birthplace           |
| I have lived in California since |        | Social Security No.  | I have lived in California since |        | Social Security No.  |
| Home Phone _____                 |        | Business Phone _____ | Home Phone _____                 |        | Business Phone _____ |
| Email _____                      |        |                      | Email _____                      |        |                      |
| Driver's license # _____         |        |                      | Driver's license # _____         |        |                      |

ARE PARTIES 1 and 2 ( ) Married ( ) Domestic Partners Married on \_\_\_\_\_ at \_\_\_\_\_ Maiden Name \_\_\_\_\_

**RESIDENCE(S) DURING PRECEDING 10 YEARS**

|                   |      |      |    |
|-------------------|------|------|----|
| NUMBER AND STREET | CITY | FROM | TO |
| NUMBER AND STREET | CITY | FROM | TO |
| NUMBER AND STREET | CITY | FROM | TO |
| NUMBER AND STREET | CITY | FROM | TO |

(If more space is needed, use reverse side of form)  
**OCCUPATION (S)**

|                                 |           |         |           |
|---------------------------------|-----------|---------|-----------|
| 1st Party<br>PRESENT OCCUPATION | FIRM NAME | ADDRESS | NO. YEARS |
| PRIOR OCCUPATION                | FIRM NAME | ADDRESS | NO. YEARS |
| 2nd Party<br>PRESENT OCCUPATION | FIRM NAME | ADDRESS | NO. YEARS |
| PRIOR OCCUPATION                | FIRM NAME | ADDRESS | NO. YEARS |

(If more space is needed, use reverse side of form)  
**FORMER MARRIAGE(S)/PARTNERSHIPS**

If no former marriages/Domestic Partnerships, write "none" \_\_\_\_\_

1st Party - Name of former Spouse/Domestic Partner \_\_\_\_\_  
Deceased \_\_\_\_\_ Divorced/Termination \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

2nd Party - Name of former Spouse/Domestic Partner \_\_\_\_\_  
Deceased \_\_\_\_\_ Divorced/Termination \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_  
(if more space is needed, use reverse side of form)

IMPROVEMENT: ( ) SINGLE RESIDENCE ( ) MULTIPLE RESIDENCE ( ) COMMERCIAL  
OCCUPIED BY: ( ) OWNER ( ) LESSEE ( ) TENANTS  
ANY PORTION OF NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION: ( ) YES ( ) NO

HAS ANY CONSTRUCTION OR IMPROVEMENTS BEEN MADE TO THE PROPERTY IN THIS TRANSACTION DURING THE LAST SIX MONTHS?  
( ) YES ( ) NO

SIGNATURE

SIGNATURE

DATE

DATE

**PLEASE SIGN & RETURN**