



# LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100  
Northridge, CA 91324

Phone: (818) 360-9944  
Fax: (818) 360-0890  
michael@landmarkescrow.com

ESCROW NO.:

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

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS.

\_\_\_\_\_ Seller 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100  
Northridge, CA 91324

Phone: (818) 360-9944  
Fax: (818) 360-0890  
michael@landmarkescrow.com

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

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

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: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Annual Premium Quoted: \_\_\_\_\_

**\*\*Landmark Escrow, strongly advises our clients to contact their insurance agents upon the opening of escrow to ensure a timely and successful close. Your Insurance Agent may require time to obtain information regarding the property.**

**LOAN BROKER OFFICE:**

Loan Agent/Officer: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**MAILING ADDRESS AFTER CLOSE OF ESCROW:**

Will the Buyer be occupying the property after the close of escrow? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please provide forwarding address:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

**COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND 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. If any additional information is needed, you will be contacted by our office.

**CONFIDENTIAL INFORMATION STATEMENT**

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.
Driver's license #		Driver's license #	

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

**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 \_\_\_\_\_

**RESIDENCE(S) DURING PRECEDING 10 YEARS**  
 (If more space is needed, use reverse side of form)

1st Party NUMBER AND STREET	CITY	FROM	TO
NUMBER AND STREET	CITY	FROM	TO
2nd Party NUMBER AND STREET	CITY	FROM	TO
NUMBER AND STREET	CITY	FROM	TO

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

1st Party PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS
PRIOR OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS
2nd Party PRESENT OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS
PRIOR OCCUPATION	FIRM NAME	ADDRESS	NO. YEARS

<b>SIGNATURE:</b>		<b>SIGNATURE:</b>	
PARTY 1	DATE	PARTY 2	DATE
PHONE#		PHONE#	
EMAIL:		EMAIL:	

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



# LANDMARK ESCROW

9535 Reseda Blvd. Ste. 100  
Northridge, CA 91324

Phone: (818) 360-9944  
Fax: (818) 360-0890  
michael@landmarkescrow.com

## BORROWER'S INFORMATION SHEET

ESCROW NO.: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_

### EXISTING FIRST TRUST DEED LOAN:

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

Loan No.: \_\_\_\_\_ Date of Last Payment: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Impounds: \_\_\_\_\_ Taxes \_\_\_\_\_ Insurance \_\_\_\_\_

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

Is this an FHA Loan? YES or NO (circle one)

### EXISTING SECOND TRUST DEED LOAN (Line of Credit, Heloc, HERO program, etc.):

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

Loan No.: \_\_\_\_\_ Date of Last Payment: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Line of Credit?: \_\_\_\_\_ YES\* \_\_\_\_\_ NO \_\_\_\_\_

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

**\*If yes, this Line of Credit will be frozen/closed upon request of this demand/payoff statement. I/We hereby authorize our current lender to block the account to further advances and close account.**

### USE REVERSE FOR ANY ADDITIONAL LOANS

### SOLAR CONTRACT/LEASE FINANCING:

Name of Solar Company: \_\_\_\_\_ Leased \_\_\_\_\_ Owned \_\_\_\_\_

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

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

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 may accept a copy of this signed notice as authorization to release information requested by LANDMARK ESCROW.