



516 Burchett St., Glendale, CA 91203
Phone: (818) 662-6700 • Fax: (818) 662-6780

OWNER'S ESCROW INFORMATION SHEET BORROWER'S AUTHORIZATION

NOTE: Please accept this as authorization for Pacific Coast Title Company associates to obtain payoff demand statements on any below-referenced loans on our behalf.

Escrow No.:

Title No.:

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO OUR OFFICE AS SOON AS POSSIBLE
AS IT WILL ASSIST US IN THE ADMINISTRATION OF YOUR TRANSACTION.

1. **Seller(s):** _____

Home Phone Number: () _____ Work Phone Number: () _____

Fax Number: () _____ Cell Phone Number: () _____

E-Mail Address: _____ Cell Phone Number: () _____

2. **Social Security #:** _____ **Social Security #:** _____

3. **Property Address:** _____

4. **Seller(s) Current Mailing Address:** _____

5. **Seller(s) Mailing Address after Close of Escrow:** _____

6. Existing Loan(s) That Are Currently Recorded Against The Property:

NOTE: If you have an FHA Loan that is to be paid off at the close of escrow, the lender requires a 30-day notice of your intention to prepay. It is the owner's responsibility to notify the lender.

FIRST TRUST DEED LENDER: _____

Address: _____

Loan Number: _____ Phone Number: () _____

Unpaid Principal Balance \$ _____ Next Due: _____

Type of Loan: _____ VA _____ FHA _____ Conventional _____ Equity Line/Line of Credit _____ Impound Acct: Yes _____ No _____

TAXES: _____ Paid _____ Unpaid _____ Taxes are being paid through my impound account

SECOND TRUST DEED LENDER: _____

Address: _____

Loan Number: _____ Phone Number: () _____

Unpaid Principal Balance \$ _____

Type of Loan: _____ VA _____ FHA _____ Conventional _____ Equity Line/Line of Credit _____

THIRD TRUST DEED LENDER: _____

Address: _____

Loan Number: _____ Phone Number: () _____

Unpaid Principal Balance \$ _____

Type of Loan: _____ VA _____ FHA _____ Conventional _____ Equity Line/Line of Credit _____

Is there a Master Fire Insurance policy covered by the Homeowners Association and included in the Association Dues: Yes ____ No ____

7. **Homeowner's Association:** _____

Management Company: _____

Mailing Address: _____

Contact Person: _____ Phone Number: () _____

8. **Homeowner's Association:** _____

Escrow No.:
Title No.:

Management Company: _____

Mailing Address: _____

Contact Person: _____ Phone Number: () _____

9. **Water Stock:** If so, please attach certificate for transfer

Name of Company: _____ Name of Contact: _____

Address: _____ Phone: () _____

Amount of assessment \$ _____ Next Due _____ No. of Shares _____

Please place any additional information that you feel we may require on the reverse side of this form.

Date: _____

PLEASE COMPLETE, DATE, SIGN AND RETURN

[NAME OF COMPANY]
STATEMENT OF INFORMATION

CONFIDENTIAL - TO BE USED ONLY IN CONNECTION WITH ORDER NO: _____

NOTE: THIS FORM IS NEEDED IN ORDER TO ELIMINATE JUDGMENTS AND LIENS AGAINST PEOPLE WITH SIMILAR NAMES

THE STREET ADDRESS of the property in this transaction is: (IF NONE LEAVE BLANK)

ADDRESS _____ CITY _____

1. IMPROVEMENTS: ☐ SINGLE RESIDENCE ☐ MULTIPLE RESIDENCE ☐ COMMERCIAL

2. OCCUPIED BY: ☐ OWNER ☐ TENANTS 3. ANY CONSTRUCTION WITHIN THE LAST 6 MONTHS? ☐ YES ☐ NO

4. IF YES to No. 3, STATE NATURE OF WORK DONE: _____

PARTY 1

PARTY 2

FIRST _____ MIDDLE _____ LAST _____

FIRST _____ MIDDLE _____ LAST _____

FORMER LAST NAME(S), IF ANY _____

FORMER LAST NAME(S), IF ANY _____

BIRTHPLACE _____ BIRTH DATE _____

BIRTHPLACE _____ BIRTH DATE _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NO. _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NO. _____

☐ SINGLE ☐ MARRIED ☐ I HAVE A **REGISTERED** DOMESTIC PARTNER

☐ SINGLE ☐ MARRIED ☐ I HAVE A **REGISTERED** DOMESTIC PARTNER

CURRENT SPOUSE OR REGISTERED DOM. PARTNER (Other than Party 2):

CURRENT SPOUSE OR REGISTERED DOM. PARTNER (Other than Party 1):

Name: _____

Name: _____

FORMER SPOUSE / REGISTERED DOM. PARTNER:

FORMER SPOUSE / REGISTERED DOM. PARTNER:

Name: _____

Name: _____

MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP BETWEEN PARTIES 1 AND 2

MARRIED? _____ REGISTERED DOM. PARTNERS? _____ DATE OF MARRIAGE/REG. DOM. PARTNERSHIP: _____

PARTY 1 - OCCUPATIONS FOR LAST 10 YEARS

PRESENT OCCUPATION _____ FIRM NAME _____ ADDRESS _____ NO. OF YEARS _____

PRIOR OCCUPATION _____ FIRM NAME _____ ADDRESS _____ NO. OF YEARS _____

PARTY 1 - RESIDENCES FOR LAST 10 YEARS

NUMBER AND STREET _____ CITY and STATE _____ FROM _____ TO _____

PARTY 2 - OCCUPATIONS FOR LAST 10 YEARS

PRESENT OCCUPATION _____ FIRM NAME _____ ADDRESS _____ NO. OF YEARS _____

PRIOR OCCUPATION _____ FIRM NAME _____ ADDRESS _____ NO. OF YEARS _____

PARTY 2 - RESIDENCES FOR LAST 10 YEARS (If same as Party 1, write "same")

NUMBER AND STREET _____ CITY and STATE _____ FROM _____ TO _____

I/WE HEREBY AUTHORIZE LENDERS TO RELEASE PAYOFF INFORMATION, IN WRITING OR VERBALLY, TO

DATE _____ **HOME PHONE** _____ **BUSINESS PHONE** _____

SIGNATURES _____