

LOAN AND INSURANCE INFORMATION SHEET

RE: \_\_\_\_\_

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

In order to proceed with the above referenced escrow, we need the following information about your property. **PLEASE COMPLETE, SIGN, AND RETURN** this form to our office as soon as possible.

**FIRST LOAN:** Name of Lender \_\_\_\_\_

Address \_\_\_\_\_

Loan Number: \_\_\_\_\_ Approximate unpaid balance \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is your loan impounded?  Yes  No

**SECOND LOAN:** Name of Lender \_\_\_\_\_

Address \_\_\_\_\_

IS THIS A LINE OF CREDIT? YES  NO  Approximate unpaid balance \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is your loan impounded?  Yes  No

ADDITIONAL ENCUMBRANCE  Third Trust Deed  Pool Loan  Home Improvement Loan  Lien

Lienholder Name \_\_\_\_\_

Address \_\_\_\_\_

Account No \_\_\_\_\_ Approximate unpaid balance \$ \_\_\_\_\_

**If your property is affected by a Community Association please complete the following, and, if so, DO YOU HAVE CURRENT CC&R'S, BY-LAWS, ARTICLES OF INCORPORATION, BUDGET, FINANCIAL STATEMENT, RULES AND REGULATIONS, MINUTES, ETC?**  YES  NO

Name of Association #1 \_\_\_\_\_ Amount of Dues \$ \_\_\_\_\_

Name of Management Company \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Association #2 \_\_\_\_\_ Amount of Dues \$ \_\_\_\_\_

Name of Management Company \_\_\_\_\_

Address \_\_\_\_\_

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

**If you have shares of Water Stock please complete the following:**

Name of Water Company \_\_\_\_\_

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

Is this property covered by a master insurance policy (Condominium, Townhome, etc.)?  YES  NO

We, the undersigned, certify that the above information is true and correct to the best of our knowledge and hereby authorize/instruct Four Seasons Escrow, Inc. to obtain all demands/documents for each of the above accounts and freeze the referenced equity line of credit on our behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**TO EXPEDITE THE PROCESSING OF YOUR ESCROW, PLEASE COMPLETE, SIGN AND IF POSSIBLE, FAX TO ESCROW AS SOON AS POSSIBLE. FAX NUMBER: (760) 771-2999**