



5920 Evergreen Way, Suite G, Everett, WA 98203 Phone (425) 348-6100 Fax (425) 438-9500
PLEASE RETURN TO OUR OFFICE VIA – Mail, Fax or E-mail: edocs@proescrowinc.com

NAME _____

ADDRESS _____ CITY STATE ZIP CODE

TRANSACTION PROPERTY ADDRESS: SAME OTHER _____

First Mortgage Account #: _____
Payments Made to: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Customer Service Phone No.: _____

Second Mortgage Account #: _____
Payments Made to: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Customer Service Phone No.: _____

Water bills paid to: _____ Garbage paid to: _____

Sewer bills are paid to: _____

Is there a Sewer Capacity Charge/Assessment for this property? YES NO

1. Are there any leased fixtures? YES NO
If yes, to whom paid and lease # _____

Phone #: _____ Address: _____

2. Are there any Homeowners / Condo Association dues? YES NO monthly/yearly (please circle one)
If yes, to who are they paid and amount _____

Phone #: _____ Fax #: _____ Address: _____

I may be contacted by phone: Wk: _____ Hm: _____ Cell: _____

Or you can reach me online at: _____ (email address)

Seller's Marital Status: _____

Permanent Mailing Address after closing: _____

I/We understand payments on all the obligations shown above shall be kept current during processing.
I/WE HEREBY GIVE OUR CONSENT FOR THE RELEASE OF ANY AND ALL PAYOFF AND OR
INSURANCE INFORMATION REGARDING THE ABOVE REFERENCED PROPERTY

Seller Signature

Social Security Number/TIN Number

Seller Signature

Social Security Number/TIN Number