

403 S. Peabody  
Port Angeles, WA 98362  
(360) 457-4451  
FAX (360) 457-4525  
1-800-488-0865



495 W. Spruce  
Sequim, WA 98382  
(360) 683-4179  
FAX (360) 683-2774  
1-800-488-0864

## ESCROW INFORMATION

**SELLER:** \_\_\_\_\_  
Seller's Address: \_\_\_\_\_  
Seller's Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
Seller's e-mail Address: \_\_\_\_\_  
Seller's Marital Status: \_\_\_\_\_

**PURCHASER:** \_\_\_\_\_  
Purchaser's Address: \_\_\_\_\_  
Purchaser's Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
Purchaser's e-mail Address: \_\_\_\_\_  
Purchaser's Marital Status: \_\_\_\_\_

**STREET ADDRESS OF PROPERTY:** \_\_\_\_\_

**BRIEF LEGAL DESCRIPTION:** \_\_\_\_\_

**MLS NUMBER:** \_\_\_\_\_  
Seller's Existing Loan No.: \_\_\_\_\_  
Seller's Lender: \_\_\_\_\_  
Purchaser's New Loan Applied For At: \_\_\_\_\_  
Collection Account To Be Set Up At: \_\_\_\_\_

**PURCHASE PRICE:** \$ \_\_\_\_\_

**EARNEST MONEY:** \$ \_\_\_\_\_ , held by: \_\_\_\_\_  
To Be Placed Into An Interest Bearing Account? Yes No  
If yes, please provide us with the name and  
Social Security number of beneficiary: \_\_\_\_\_

**COMMISSION:** Please provide your closer with a Commission Disbursement Authorization (NWMLS FORM 40 or Equivalent)

**INSURANCE AGENT:** \_\_\_\_\_

**TAXES** To Be Pro-Rated? Yes No

**MOBILE HOME** Included In The Sale? Yes No

Who Is Holding Original Title? \_\_\_\_\_

**PERSONAL PROPERTY:** Included With The Sale \$ \_\_\_\_\_

**RENTS:** To Be Pro-Rated At \$ \_\_\_\_\_ per month. Damage/Security Deposit \$ \_\_\_\_\_

**TENTATIVE CLOSING SCHEDULED FOR:** \_\_\_\_\_

Your closer at Olympic Peninsula Title Company will be happy to arrange closing appointments with the parties and advise you of all developments throughout the transaction.

**ADDITIONAL INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_