

Notice to Parties
WA State Closing Disclosure

URGENT! Please sign and return

Admission to Practice Rule 12

The undersigned hereby designates and appoints WFG National Title Company ("the closing agent) to act as their closing and escrow agent according to the Closing Agreement and Escrow Instructions. The services of the closing agent under these instructions will be performed by a person certified as a Limited Practice Officer ("LPO") under the Admission to Practice Rule 12, adopted by the Washington State Supreme Court. Under that rule, Limited Practice Offices may select, prepare, and complete only certain documents on forms approved for their use.

You are further advised that:

- The LPO is not acting as the advocate or representative of either (or any) of the parties.
- The documents prepared by the LPO will effect the legal rights of the parties.
- The parties' interest in the documents may differ.
- The parties have the right to be represented by lawyers of their own selection.
- The LPO cannot give legal advice as to the manner in which the documents affect the parties.

By signing this notice, each party acknowledges:

- I have been specifically informed that the closing agent is forbidden by law from offering any advice concerning the merits of the transaction and/or the documents used to close the transaction.
- The closing agent has not offered any legal advice or referred me to any named attorney, but has clearly requested that I seek legal counsel if I have any doubt concerning the transaction or these instructions.
- I have received "The Closing Agreement and Escrow Instructions" and agree with the terms and conditions. I have had adequate time and opportunity to read and understand "The Closing Agreement and Escrow Instructions" and all other documents referred to in the instructions.

Acknowledged Buyer #1:

Acknowledged Buyer #2:

Buyer #1 signature
Print full name: _____
Date: _____
Social Security number: _____ - _____ - _____
Home phone: _____
Work phone: _____
Cell phone: _____
Fax number: _____
E-mail: _____

Buyer #2 signature
Print full name: _____
Date: _____
Social Security number: _____ - _____ - _____
Home phone: _____
Work phone: _____
Cell phone: _____
Fax number: _____
E-mail: _____

Will you be traveling during this transaction?

Yes No

Are you married or in a registered domestic partnership? Yes No

Spouse/Partners full name: _____
(If different than buyer #2)

Is this an investment property?

Will you be traveling during this transaction?

Yes No

Are you married or in a registered domestic partnership? Yes No

Spouse/Partners full name: _____
(If different than buyer #1)

Yes No

Important! Please Complete This Part!

Homeowner's Insurance Information
(If applicable)

Homeowner's Insurance Agency you will be using on **this** property: _____
Agent's name: _____
Phone: _____

Mortgage Information
(If applicable)

Mortgage company you will be using on **this** transaction: _____
Loan Officer's name: _____
Phone: _____

Please select one of the following methods

E-mail FIRST CHOICE
Please complete, scan, and e-mail this form to forms@wfgnationaltitle.com

Fax SECOND CHOICE
Please complete and fax to 888-663-6783
No cover page is necessary

Mail
Please mail the completed form using the stamped return envelope enclosed



Ref: _____

WFG National Title Co. (WFGNTC) does not sell or disclose personal customer information to anyone outside of WFGNTC and its affiliated companies. WFGNTC employees are permitted access to information they require to perform their jobs and service customers. WFGNTC maintains strict internal policies against the unauthorized disclosure or use of customer information.