

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 Officers 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.

*I/We hereby give consent for the release of any and all payoff figures regarding encumbrances against the above reference property including any fees charged by the lien holders to provide said payoff.*

Borrower #1 signature	
Print full name	
Borrower #1 Social Security number	
Home phone: _____	
Cell phone: _____	
Work phone: _____	
Fax: _____	
E-mail: _____	
Are you married or in a registered domestic partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse/Partners full name: _____	(If different than borrower #2)
If yes, does your spouse/partner live at this property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be traveling during the course of this transaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Borrower #2 signature	
Print full name	
Borrower #2 Social Security number	
Home phone: _____	
Cell phone: _____	
Work phone: _____	
Fax: _____	
E-mail: _____	
Are you married or in a registered domestic partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse/Partners full name: _____	(If different than borrower #1)
If yes, does your spouse/partner live at this property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this your primary residence or an investment property?	Primary <input type="checkbox"/> Investment <input type="checkbox"/>

## Important! Please Complete This Part!

**Do you currently have a mortgage?**  
1<sup>st</sup> Mortgage  Contract  I own my home   
Payments made to: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Homeowner's Insurance Information**  
(If applicable)  
Homeowner's Insurance Agency you will be using on **this** property: \_\_\_\_\_  
Agent's name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Do you currently have one of the following...**  
2<sup>nd</sup> Mortgage  Equity Credit Line   
Payments made to: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Mortgage Information** (If applicable)  
Mortgage company you will be using on **this** transaction: \_\_\_\_\_  
Loan Officers name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please select one of the following methods		
<b>E-mail</b> FIRST CHOICE Please complete, scan, and e-mail this form to forms@wfgnationaltitle.com	<b>Fax</b> SECOND CHOICE Please complete and fax to 888-663-6783 No cover page is necessary	<b>Mail</b> 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.