

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 Seller #1:

Acknowledged Seller #2:

Seller #1 signature

Seller #2 signature

Print full name: _____

Print full name: _____

Date: _____

Date: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Cell phone: _____

Cell phone: _____

Fax number: _____

Fax number: _____

E-mail: _____

E-mail: _____

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

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

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

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

If yes, does your spouse/partner live at this property? Yes No

If yes, does your spouse/partner live at this property? Yes No

Will you be traveling during the course of this transaction?
Yes No

Will you be traveling during the course of this transaction?
Yes No

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



WFG National Title Company
a Williston Financial Group Company

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.

Confidential Information Statement
Seller Payoff Information

PLEASE COMPLETE AND RETURN IMMEDIATELY

Please complete this form as thoroughly as possible and return it us using one of the methods outlined at the bottom of this page. Your prompt attention will help insure a smooth closing, and is greatly appreciated.

Do you currently have a mortgage?

1st Mortgage Contract I own my home

Payments made to: _____

Account number: _____

Phone: _____

Do you currently have one of the following...

2nd Mortgage Equity Credit Line

Payments made to: _____

Account number: _____

Phone: _____

Do you make payments to a Homeowners Association? Yes No

Association name: _____

Management Company: _____

Address: _____

Phone: _____

Tell us about your sewer

Payments made to: _____

Phone: _____

Tell us about your water

Payments made to: _____

Phone: _____

Do you make sewer capacity payments?

Yes No

Do you have leased equipment?

Hot water heater Conv. burner

Other _____

Payments made to: _____

Phone: _____

Are there issues about your property that need to be noted? _____

Please verify the address of the property being sold:

Address

City State Zip code

Please verify your forwarding address:

I will provide a forwarding address at closing

Address

City State Zip code

Is this your primary residence or an investment property?

Primary Investment

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.

Seller #1 signature

Print full name

Seller #1 Social Security number

Seller #2 signature

Print full name

Seller #2 Social Security number

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Ref: _____

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