



COMMERCE TITLE

3700 Douglas Blvd, Suite 225, Roseville, CA 95661
Phone (916)786-0102- FAX (916)786-0134

LOAN INFORMATION SHEET

Escrow No: _____

RE: _____

in order to proceed with the above referenced escrow, we need the following Information about your property. **PLEASE COMPLETE, SIGN, AND RETURN** this form to our office as soon as possible.

FIRST Name of Lender _____

LOAN: Address _____

Loan Number _____ Approximate unpaid balance _____

Phone Contact: _____

SECOND Name of Lender _____

LOAN: Address _____

Loan Number _____ Approximate unpaid balance _____

Phone Contact: _____

Third Trust Deed Pool Loan Home Improvement Loan Lien

Lienholder Name _____

Address _____

Account No _____ Approximate unpaid balance _____

if your property is affected by a Community Association please complete the following:

Name of Association _____

Name of Management Company _____

Address _____

Account No _____ Approximate unpaid balance _____

Name of Association _____

Name of Management Company _____

Address _____

Account No _____ Approximate unpaid balance _____

FORWARDING ADDRESS AFTER CLOSE OF ESCROW:

INSURANCE INFORMATION

Name of Insurance Company _____

Agent's name _____ Phone No _____

Fax No. _____

Policy Number _____ Expiration Date _____

We, the undersigned, authorized and Instruct you to release information relating to Issuing of any demands, releases, Insurance Information to Commerce Title Company and hereby certify that the above Information is true and correct to the best of our knowledge.

Owner -

Owner -

Social Security No.

Social Security No.