Rocky Mountain Escrow, Inc.
970 Main Avenue
Durango, CO 81301
(970) 385-4423
info@rmedgo.com

Date:_ _____ Escrow No.:_____

Buyer/Borrower:_____ Seller/Lender:_____

_____ _____

Address: _____ Address: _____

_____ _____

Phone #: _____ Phone #: _____

Email Addr: _____ Email Addr: _____

Buyer's Attorney for preparing P. Note & DOT: _____ Phone #: _____

TO: ROCKY MOUNTAIN ESCROW, INC. (hereinafter referred to as ESCROW AGENT)

We hand you herewith the following documents to be held by you in escrow under the following instructions and subject to the terms and conditions contained herein:

DOCUMENTS DEPOSITED WITH ESCROW AGENT:

____ ORIGINAL PROMISSORY NOTE
____ ORIGINAL DEED OF TRUST
____ ORIGINAL RELEASE OF DEED OF TRUST
____ ASSUMPTION OF BORROWER'S INTEREST
____ ASSIGNMENT OF LENDER'S INTEREST
____ ORIGINAL INSTALLMENT LAND CONTRACT
____ ORIGINAL QUIT CLAIM DEED
____ ORIGINAL SPECIAL WARRANTY DEED
____ ORIGINAL WARRANTY DEED
____ OTHER:_____

ESCROW INSTRUCTIONS:

1. TOTAL CURRENT PRINCIPAL BALANCE TO BE COLLECTED: $_____

P & I: _____ _____ INTEREST COLLECTED AT CLOSING: $_____

TAXES: _____ **SCHEDULE NUMBER**:_____

INSURANCE: _____ **PAYABLETO:**_____PHONE #_____

MISC FEE: _____ PAYABLE TO:_____

BUYER ESC FEE: _____ (BUYER'S SHARE ONLY)

TOTAL PAYMENT DUE: $_____ (Add, P&I, Taxes, Ins, Misc and Buyer's Share of Escrow Fee).

2. FREQUENCY: ____MONTHLY ____QUARTERLY ____SEMI-ANN ____ANNUALLY

3. FIRST PAYMENT DUE:_____ _____ INTEREST BEGINS _____ __ RATE:_____%

4. **ESCROW/COLLECTION FEES $ AMT** _____ **PAID BY:** ___ __ **BUYER** ____**SELLER** ____**SPLIT**

5. SEND A RECEIPT TO: ____BUYER ____SELLER (Additional Escrow Charge)

6. DOES THIS AGREEMENT WRAP WITH OTHER LOAN AND/OR OBLIGATIONS: ____YES ___NO

INSTITUTION:_____ ACCOUNT #:_____

ADDRESS:_____ AMOUNT:_____
_____

7. SEND DISBURSMENT DIRECTLY TO THE SELLER: ____YES ____NO
Please note: **A $3.00 fee will be applied to each disbursement issued by check.**

OR

8. DO WE DISBURSE TO THE SELLER'S BANK ACCOUNT BY ACH: ____YES ____NO
If ACH disbursement is selected, the Seller must complete and return the attached ACH Authorization Form before ACH disbursements can begin.

PLEASE LIST ANY SPECIAL INSTRUCTIONS NOT SHOWN ABOVE:

_____

_____

FINANCING TERMS:

Loan Amount $_____ Loan Term ___years ____ months Payment Amt $_____

FREQUENCY: ____MONTHLY ____QUARTERLY ____SEMI-ANN _____ANNUALLY

Interest Rate _____% First Pymt Due Date_____ Interest Start Date _____

Escrow for Taxes ___ yes ___no Late charge _____% / ____Amount Applied after ____Days
Escrow for Ins ___yes ___no

Default Interest Rate _____% per annum. Prepayment Allowed ____yes___no Remarks_____

_____

ESCROW NUMBER: _____

BUYER(S): SELLER(S):

_____ _____

_____ _____