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<f82>, <f83>

DEMAND FOR PAYOFF

__ TRUST DEED NOTE TO BE PAID IN FULL __ RELEASE OF LIEN __ SATISFACTION OF JUDGMENT

IMPORTANT: Please note that Section 2943 of the Civil Code provides for minimum damages of \$300.00 in the event the written statement, as requested above, is not supplied within 21 days after your receipt of this demand.

Date: <f3> Reference: <f7>

To: <f143> Our Escrow No. <f48>
Your No. _____

An Escrow Transaction has been opened in this office by: <f5> <f6> <f7> <f8> <f10> <f11> <f12> wherein the following described property is involved: <f18>, <f19>

As Pertains to the above, the [] Note [] Lien [] Judgment which you hold is to be paid in full at the close of our Escrow. PLEASE INSERT COMPLETE INFORMATION...SIGN and return the DEMAND below. Forward it together with your NOTE and TRUST DEED, which document must have your SIGNED "Request For Full Reconveyance" (Request For Full Reconveyance is found on the back of your trust deed - it must be signed by all beneficiaries in INK). Include also insurance policies as well as any other documents you hold relative to this transaction.

If this DEMAND pertains to the RELEASE OF A LIEN or SATISFACTION OF A JUDGMENT...be sure to include the signed (signatures must be in INK) RELEASE OF LIEN and SATISFACTION OF JUDGMENT.

If you have any questions relative to the execution of this DEMAND please call me at <f84>.

If you prefer, come to our office WITH YOUR DOCUMENTS, we will be happy to assist you in completing this form.

<f80>, ESCROW DEPARTMENT

Escrow Officer
For your protection forward documents by registered mail

To: <f80>, ESCROW DEPARTMENT
BENEFICIARY'S DEMAND

The undersigned hands you herewith. [Those items checked (X) are the only ones pertinent to your transaction.]

- 1. \$ __ NOTE __ LIEN __ JUDGMENT in favor of:
2. __ TRUST DEED securing above note __ LIEN __ JUDGMENT Recorded 19__; Book <f61> Page(s) <f62>
3. Note and Trust Deed Assignments to:
4. Fire Insurance Policy No. Issued by _
5. "Request For Reconveyance" executed on the back of the enclosed [] Trust Deed, [] Release of Lien [] Satisfaction of Judgment, which you are authorized to deliver and surrender upon payment to me within __ days from the date hereof, when you hold for my account the sum of \$ with interest of \$ ____ at the rate of per cent per annum from __ 19 to DATE OF MAILING YOUR CHECK, together with _____ days' unearned interest on \$ ____ at the above mentioned rate as a penalty payment, sometimes referred to as a "bonus".

DISBURSEMENT is to be made by check to <f80>, ESCROW DEPARTMENT

In the event that conditions of this escrow have not been complied with at the expiration of the time provided for herein, you are instructed to complete the same at the earliest possible date thereafter, unless I shall have made written demand upon you for the return of the instruments deposited by me.

Date: ____; Phone(____) _____ ALL BENEFICIARIES MUST SIGN BELOW
Address: _____ X
City: _____ X
State: _____ Zip: _____ X

NOTE: EACH beneficiary must sign the Request For Reconveyance and this form in INK!

Receipt is hereby acknowledged of the papers listed above as item number _____

<f80>, ESCROW DEPARTMENT

Dated: _____
Escrow Officer