

CALIFORNIA EAGLE ESCROW, INC. 10101 SLATER AVE. SUITE 202

FOUNTAIN VALLEY, CA 92708 TEL: 714-593-5826 * FAX: 714-593-5825

I	ESCROW TAKE	SHEET - REFI	
Date Opened:	Escrow Officer:		
Length of Escrow:	Escrow Rep:		
Real Estate Company / Mor	tgage Broker:		
Address:			
Sale Rep/Agent:		Loan Amount: 1st:	
Loan Processor:		2nd:	
Phone No:	Fax No:	E-mail:	
Property type:			
Property Address:			
City	State	Zip	
HOA Information (If Applicable)	Attached	To Be Followed	N/A
Management / HOA Name:			
Borrower (s) & Vesting Info	rmation:		
Name:		Name:	
SSN:		SSN:	
Vesting:			
Would You Like Escrow To	Open Title?	Yes	No
Title Company			
Credit To:		Title Order #:	
Would You Like Escrow To Or	der Payoff ?	Yes	No
Loan To Be Paid Off :	A	ttached	To Be Followed
1st Lender		2nd Lender	
Loan #:		Loan # :	
Phone #:		Phone #:	
Principal Balance:		Principal Balance:	
Insurance Information:	Attached	To Be Followed	
Insurance Company		Policy #:	

Phone #:

Agent Name