



DISCLOSURE DEPARTMENT

ECONDOSERVICES - PROVIDENCE POINT REO / NON-TRADITIONAL OWNERSHIP CHANGE INFORMATION REQUEST FORM

Please review this document carefully

This document outlines your responsibility in connection with the following requested work. Fees for requested work are due and owing regardless of whether your transaction closes.

PHONE: (425) 637-0412 FAX: (425) 637-0429 E-MAIL: disclosure.department@econdoservices.com

The Disclosure Department of eCondoServices acknowledges your request for disclosure documentation. Before your request can be processed, we require that you complete Section A, Section B, and Section C below:

We understand that you have assumed or an owner of a condominium unit that require escrow closing channels. In order to assist the owner of the unit to which you are requirelationship below. Please note that eCon Trustee Sale Record Set Up Fee in the amount of an ecording a new owner's information in proof of ownership. Please check the proof of	es documenta you, we mus uesting inform doServices, t ount of \$144.5 to the Associa	tion that would norm it verify that you are ation. Please indica he managing agent 50. This fee covers co ation's records. This	nally be transmitted through trad the legal owner or representation ate which unit you represent and for the Association, charges a confirming a new owner's legal rists set up fee must accompany yo	itional ive for d your REO/ ight ur
Trustee's deed				
Sheriff's deed				
Deed in lieu of foreclosure				
SUBJECT PROPERTY	Village			
Association Name PROVIDENCE POINT	Village			
Property Address				
Unit Number				
 YOUR RELATIONSHIP TO THE PROPERTY Please check the box and complete the form below as appropriate. I am a bank or lender that has acquired this unit through foreclosure or other assumption process. I am a representative for a bank or lender that has acquired this unit through foreclosure or other assumption process and have enclosed documentation showing that I am an authorized representative. I am an owner who has acquired this unit through a sheriff's sale or trustee's sale or other assumption 				
process.		T=		
Name of Individual or Owner Requesting Information		E-mail Address		
Name of Bank/Lender or Company Representing Bank/Lender		Phone Number	Facsimile Number	
Address		<u>I</u>	<u>'</u>	
City, State, Zip				

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	PAYMENT OPTION 1 BY CREDIT CARD VISA Language For your convenience, you may charge your payment to VISA/MC. Please complete and fax for processing. ALL INFORMATION IS CONFIDENTIAL
	Requester's Name
	Card Holder's Name
ပ	Billing Address
	City/State/Zip
SECTION	Card Number Expiration Date /
5	3 Digit Card Verification Number (CVV2 Code) Payment Amount
SE	Signature Date
	Charge backs will be considered delinquent and subject to collection provisions outlined in Section B
OR	PAYMENT OPTION 2 PRE-PAYMENT BY CHECK (Disclosure work will not commence until payment is received.)
	Requester's Name
	Signature Date
	Signature indicates payment has been mailed to: eCondoServices, LLC, Attention: Providence Point Disclosure Department P.O. Box 50444, Bellevue, WA 98015-0444

PLEASE MAIL OR FAX THIS COMPLETED FORM TO:

eCondoServices, LLC
Attention: Providence Point Disclosure Department
P.O. Box 50444
Bellevue, WA 98015-0444

Disclosure Department - Phone (425) 637-0412

Disclosure Department - Fax (425) 637-0429

Once we have received the completed form and payment, we will process your request. Disclosure work will not commence until this form and payment have been received. Please be advised that an incomplete form may delay the processing of your request. Thank you.