

ESCROW ACTIVITY REPORT

RE 890 (Rev. 9/13)

This report is being filed pursuant to Business and Professions Code §10141.6.

NAME OF REPORTING BROKER (CORPORATION OR INDIVIDUAL)

MAIN OFFICE ADDRESS	CALBRE LICENSE NUMBER
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ESCROW ACTIVITY		
CALENDAR YEAR	NUMBER OF ESCROWS CONDUCTED	DOLLAR VOLUME OF ESCROWED TRANSACTIONS \$

ESCROW LOCATIONS	
Location(s) at which broker-controlled escrow activities are occurring, including address and telephone number.	
ADDRESS	TELEPHONE NUMBER

ESCROW OFFICERS	
TOTAL NUMBER OF ESCROW OFFICERS	

ESCROW OFFICER'S LEGAL NAME	CALBRE LICENSE NUMBER (IF APPLICABLE)
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MAILING ADDRESS

TELEPHONE NUMBER	EMAIL ADDRESS
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HAS THE ESCROW OFFICER EVER BEEN BARRED FROM ANY POSITION OF EMPLOYMENT WITH, OR MANAGEMENT OR CONTROL OF, A REAL ESTATE BUSINESS, AND/OR BEEN PROHIBITED FROM ENGAGING IN ANY REAL ESTATE-RELATED BUSINESS ACTIVITY, BY THE BUREAU OF REAL ESTATE?
 YES NO

TO YOUR KNOWLEDGE, HAS THE ESCROW OFFICER EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY?
 YES NO

ESCROW OFFICER'S LEGAL NAME	CALBRE LICENSE NUMBER (IF APPLICABLE)
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 YES NO

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 YES NO

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YES NO

TO YOUR KNOWLEDGE, HAS THE ESCROW OFFICER EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY?

YES NO

ESCROW ACCOUNTS

NUMBER OF TRUST ACCOUNTS HELD BY THE BROKER FOR ESCROW ACTIVITIES

BANK ACCOUNT NUMBER	NAME OF FINANCIAL INSTITUTION
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SIGNATORIES	NAME	CALBRE LICENSE NUMBER (IF APPLICABLE)
	IF UNLICENSED, DOES THIS SIGNATORY HAVE FIDELITY BOND COVERAGE AS REQUIRED BY COMMISSIONER'S REGULATION 2834(A)(3)?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	NAME	CALBRE LICENSE NUMBER (IF APPLICABLE)
	IF UNLICENSED, DOES THIS SIGNATORY HAVE FIDELITY BOND COVERAGE AS REQUIRED BY COMMISSIONER'S REGULATION 2834(A)(3)?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CERTIFICATION

Under penalty of perjury, the information contained in this report is true and correct to the best of my knowledge and belief.

SIGNATURE OF BROKER OR DESIGNATED OFFICER »	DATE
PRINTED NAME OF BROKER OR DESIGNATED OFFICER	CALBRE LICENSE NUMBER
NAME OF CORPORATION (IF APPLICABLE)	BUSINESS TELEPHONE NUMBER
EMAIL ADDRESS	ALTERNATE TELEPHONE NUMBER

Addendum to the Escrow Activity Report, RE 890

ESCROW LOCATIONS

Location(s) at which broker-controlled escrow activities are occurring, including address and telephone number.

Attach additional sheets if necessary.

ADDRESS	TELEPHONE NUMBER

ESCROW OFFICERS

Attach additional sheets if necessary.

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