

**TO: Guardian Escrow Services, Inc.**  
 Guardian Escrow Bldg., 2<sup>nd</sup> Flr.,  
 2347 So. Beretania St., Honolulu, Hawaii 96826  
 (808) 951-6991 FAX (808) 951-6995

ATTN: Frances H. Goo Escrow No.: \_\_\_\_\_

THE UNDERSIGNED REQUESTS THAT AN ESCROW BE OPENED AS FOLLOWS:

\_\_\_\_\_ New Loan/Refinance \_\_\_\_\_ CONV \_\_\_\_\_ VA \_\_\_\_\_ FHA

Loan Amount \$ \_\_\_\_\_

Lender is: \_\_\_\_\_ Loan officer is: \_\_\_\_\_

ENCLOSED HEREWITH ARE THE FOLLOWING:

\_\_\_\_\_ Deposit of \$200 for Refinance

PROVIDE THE FOLLOWING TO THE LENDER:

\_\_\_\_\_ Copy of Lease/Amendment of Lease \_\_\_\_\_ Preliminary title report , lien report & financing statement  
 \_\_\_\_\_ Copy of Deed/Assignment of Lease

PROPERTY INFORMATION:

Property Address: \_\_\_\_\_

Name of Condo : \_\_\_\_\_

Tax Key Number \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number : (Bus) \_\_\_\_\_ (Home): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

To permit compliance with the Financial Privacy Act, the undersigned authorize the release to Guardian Escrow Services, Inc., all necessary documents and information concerning this transaction.

The undersigned further agrees to pay all fees and charges incidental to this transaction. If I have complied with all the requirement of the lender and my loan is not approved, escrow will refund any money remaining in the escrow. In the event that the vendor will not acknowledge the opening of this escrow, the undersigned will take full responsibility for all costs incurred herewith.

LOANS AND PERSONAL DEBTS TO BE PAID AT THE TIME OF CLOSING:

LENDER	ADDRESS	ACCOUNT #	APPROX. BALANCE
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LENDER	ADDRESS	ACCOUNT #	APPROX. BALANCE
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LENDER	ADDRESS	ACCOUNT #	APPROX. BALANCE
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PLEASE SIGN AND RETURN ONE COPY

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 NAME