

# ESCROW CHECKLIST

Debtor Name: \_\_\_\_\_ Case #: \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE TRUSTEE BEFORE THE TRUSTEE WILL CONSIDER YOUR APPLICATION**

Title company name: \_\_\_\_\_ Escrow #: \_\_\_\_\_

Title company address: \_\_\_\_\_  
Street Address City State Zip Code

Escrow Officer: \_\_\_\_\_ Phone & Fax #: \_\_\_\_\_

Type of transaction:  Sale  Refinance - Is property your residence?  Yes  No

Are sale proceeds intended to pay off the chapter 13 plan?  Yes  No

Amount of sale proceeds to be retained by debtor: \$ \_\_\_\_\_

Property address : \_\_\_\_\_  
Street Address City State Zip Code

Loan amount: \$ \_\_\_\_\_ Sales price: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_

Down payment: \$ \_\_\_\_\_ Source of down payment: \_\_\_\_\_

Relationship between the parties in escrow? \_\_\_\_\_

Does the attorney for debtor intend to seek fees in connection with this transaction?  
 Yes  No  Not Applicable If yes, please estimate amount of attorney's fees to be requested and approved by the Court: \$ \_\_\_\_\_

## TO BE COMPLETED BY TRUSTEE'S OFFICE

Is trustee in receipt of an estimated closing statement?  Yes  No

Are escrow proceeds sufficient to pay off Chapter 13 balance?  Yes  No

Is this an "arm's length" transaction?  Yes  No If no, explain relationship between parties: \_\_\_\_\_

Amount of homestead exemption: \$ \_\_\_\_\_ Does plan pass liquidation?  Yes  No

Estimated attorney's fees : \$ \_\_\_\_\_ Placed Hold Perm on attorney's fees

Trustee in receipt of order approving attorney's fees:  Yes  No