



P.O. BOX 25466
TEMPE, ARIZONA 85285 – 5466
(480) 820-3451 Ext. 445 (480) 820-7441 (FAX)

OWNER/AGENT VERIFICATION

Please fill out this form and submit your request.

CURRENT OWNER: _____

PROPERTY ADDRESS: _____

DATE OF SALE: _____

RECORDING NUMBER [if available]: _____

MANNER OF CONVEYANCE: Trust Deed or Trustee's Deed Upon Sale

Warranty or Special Warranty Deed Other _____

IN THE EVENT OWNERSHIP WAS OBTAINED THROUGH FORECLOSURE, THE ENTITY FORECLOSING WAS:

the holder of a first deed of trust

the holder of a second deed of trust

I AM THE OWNER OF THE PROPERTY.

I AM THE AUTHORIZED AGENT OF THE OWNER OF THE PROPERTY.

Real Estate Agent

Other _____

PRINT NAME

SIGNATURE: OWNER OR AUTHORIZED REPRESENTATIVE/AGENT

DATE

W-9 FORM: If a W-9 is needed, please provide same with your request.

****PLEASE PROVIDE THE ADDRESS TO WHICH ALL ASSOCIATION CORRESPONDENCE IS TO BE SENT.****

****Please include a copy of the deed of conveyance, if available.****