



Real Estate Agency

1177 Center Street NE
SALEM, OREGON 97301-2505
PHONE (503) 378-4170
FAX (503) 373-7153

INVENTORY OF AND AUTHORIZATION TO EXAMINE ESCROW TRUST ACCOUNTS

OAR 863-050-0150(2)(e)

Name of Escrow Agent _____ Date _____

Address _____ Phone _____

_____ Main Office _____ Branch Office

The below named banks are hereby authorized to furnish information requested by the Real Estate Commissioner and/or authorized representative concerning the following client trust account(s):

<u>Bank Name and Address</u>	<u>Account Number</u>	<u>Account Name (as shown on checks)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the above described bank accounts are all of the trust accounts maintained by this firm. The Real Estate Commissioner shall be notified by the licensee immediately, by written notice, if any new trust accounts are opened, existing accounts closed, or if any changes in present accounts occur.

(Please Print or Type) Authorized Signature

(Please Print or Type) Authorized Signature

