



**CUSTODIAN OF RECORDS COMPLETE THE FOLLING IF THE MAIN OFFICE IS CLOSING**

1. Custodian of Records: Complete the bottom of the Escrow Trust Funds Responsibility Form (attached).
2. Custodian of Records: Complete the Consent to Service Form (attached).
3. Email your forms to [CSLicensing@dfi.wa.gov](mailto:CSLicensing@dfi.wa.gov).

**INSTRUCTIONS FOR CLOSURE OF A BRANCH OFFICE:**

1. When a branch office of an escrow agent closes, the branch designated escrow officer, designated escrow officer, or a controlling person are jointly and severally obliged to notify the Department within twenty-four hours of closure. WAC 208-680-245
2. Complete the Closure Form above and check the box next to Branch Office.
3. If the branch has the same trust account as the main then DO NOT complete the top of the Escrow Trust Funds Responsibility Form (attached).

**If the branch office uses a trust account that is different from the Main Office complete the following.**

1. Branch DEO: Complete the top of the Escrow Trust Funds Responsibility Form (attached).
2. Branch DEO: Provide listing of trust liability (trial balance).
3. Branch DEO: Provide a bank statement and reconciliation (include list of outstanding checks).

**ESCROW AGENT CLOSURE OF TRUST FUNDS RESPONSIBILITY FORM**

I, \_\_\_\_\_ License No. \_\_\_\_\_  
Printed Name of Outgoing Designated Escrow Officer Outgoing Designated Escrow Officer

hereby certify that the attached itemized accounts are a true status of all funds being held in the escrow agent trust fund, for which I release responsibility, pending disbursement of such funds.

\_\_\_\_\_  
Signature of Outgoing Designated Escrow Officer Date

**Please attach the following:**

- 1. Trust Liability (trial balance)
- 2. Bank Statement
- 3. Reconciliation

I, \_\_\_\_\_  
Printed Name of Custodian of Records

hereby acknowledge the attached itemized accounts to be a true status of all funds in the escrow agent trust fund for which I accept responsibility, pending disbursement of such funds.

\_\_\_\_\_  
Signature of Custodian of Records Date

NOTE: Until the trust account balance is zero, the responsible person must file monthly reports and reconciliations of the trust account to the Department in compliance with WAC 208-680-245(5)

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**CUSTODIAN OF RECORDS CONSENT TO SERVICE**

\_\_\_\_\_, a company authorized to do business in Washington, has surrendered a license issued by the state of Washington to engage in the business of an escrow agent and hereby consents that suits and actions arising out of its escrow business may be commenced against the company in the state of Washington. Service of any process of pleadings in said action or suit may be made by delivering process or pleadings to the Director, Department of Financial Institutions, Olympia, Washington.

The Director shall, within five working days, mail to the custodian of records for the escrow agent at the address below, written notice of any process or pleadings delivered to the Director.

\_\_\_\_\_  
Signature of Custodian of Records Date

**NOTE: Records must be maintained in the state of Washington for at least six years. The Department must be notified in writing, if there is a change of location or custodian of records.**