

DATE OF RECEIPT OF DEPOSIT: _____

TO: ESCROW HOLDER

ESCROW NO: 6001	PROPERTY ADDRESS:
SELLER:	
BUYER:	DEPOSIT AMOUNT:
You are advised that we have negotiated th	ne purchase of real property referred to above.
We hereby hand you a check payable to Es	scrow Holder for the above deposit amount.
deposited with you in your escrow trust acc	funds represented thereby and any additional funds count. You are instructed not to release any funds untiled by you from the undersigned Sellers and Buyers.
writing and so state the reason for cancellat cancellation instructions for signatures of the receipt of the mutually agreeable cancellation charges, you are authorized if, after 30 days from date of notice of cancellation instructions or if there are continuous, as Escrow Holder, have the absolated requiring the principals to answer and litigated you are authorized to deposit with the clerk	escrow shall file notice of cancellation in your office, in ation. Upon receipt of such request, you shall prepare the principals and shall forward same to the principals. Upon on instructions signed by all principals and after payment of the ed to comply with such instruction and cancel your escrow. It is cellation, you have not received mutually agreeable flicting instructions, the principals hereto expressly agree that your election to file an action in interpleader that their several claims and rights among themselves and to of the court all documents and funds held in escrow.
BUYERS:	SELLERS:
Ву:	By:
Ву:	Ву:

Received NORTH IDAHO TITLE INSURANCE, INC.		
Ву:	Date:	Time: