BLB RESOURCES
OUTSTANDING REO SERVICES

Idaho
Buyer Select Closing Agent Addendum

This form is required in Idaho only.

All contracts ratified on or after February 24, 2013 will be subject to the "Buyer Select" closing agent program. The buyer will choose their own escrow company. HUD will no longer pay for the escrow fee, which will be a buyer expense. Please note Lines 3 and 9 of the HUD-9548 Sales Contract must be filled in with the closing agent listed on this form.

Earnest money deposit (EMD) checks (cashier's check, money order, or certified funds) must be made payable to "buyer selected escrow company or Purchaser(s) name." **Original EMD checks must be delivered to the Local Listing Broker (LLB)** assigned to the property within two (2) business days of bid acceptance, and a copy of the EMD must be included with the original contract package submitted to BLB Resources. Upon contract execution by BLB Resources, the LLB will be instructed to deliver the EMD to the closing agent selected by the buyer.

Completed form must be submitted with original contract package upon bid acceptance. If form is submitted separately from original contract package, please fax to (949) 379-2895 or email to IDBSP@blbresources.com.

I / We agree the EMD is being held undeposited by the LLB and within 48 hours of a ratified sales contract, EMD will be delivered to the closing agent/escrow company listed on this form. I / We authorize BLB Resources to release a copy of the sales contract and addenda for the following property to the closing agent/escrow company listed below.

Property Information FHA Case Number _____

Property Address (include city, state, zip)

_____

Purchaser(s) _____

Selling Agent _____ Agent Phone _____

Closing Agent / Escrow Company Information

Company Name TitleOne Corporation

Mailing Address (include city, state, zip)
400 Memorial Drive, Idaho Falls, Id 83402

Escrow Officer _____ Phone _____

Email Address _____

Has this company ever closed a transaction on a HUD-owned property? ☐ Yes ☐ No

If yes, please enter Title ID # Idaho Falls—titleo0003
If no, please attach copy of escrow company's state license and insurance.

_____ _____
Purchaser Signature **(Required)** Date

_____ _____
Purchaser Signature **(Required)** Date

_____ _____
Selling Agent Signature **(Required)** Date

This section for BLB Resources, Inc. use only

BLB Resources Processed by: _____ Date:_____
Approved ☐ Denied ☐

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