



791 Arlington Street • Cambria, CA 93428
(805) 927-0621 • Fax: (800) 279-1908

Escrow Number:
RE: Voluntary Merger
Address:
APN:

ESCROW INSTRUCTIONS

The sole purpose of this Escrow is to process a Voluntary Merger with the County of San Luis Obispo "County" in accordance with the Cambria Community Service District (CCSD) Merger Program.

The Following shall be deposited with Placer Title Company (Escrow Holder):

1. Completed and executed original Application of Merger signed by all property owners.
2. Completed and executed original Consent of Landowner signed by all property owners.
3. Executed and notarize Grant Deed and Preliminary Change of Ownership Form, if required.
4. Fully executed Escrow Instructions signed by all property owners.
5. Lender Information Form completed and signed by all property owners.
6. Any additional forms necessary to complete the merger process.
7. Funds from owners, if required

The County Ordinance requires the following in order to process the Voluntary Merger:

- A. Either a Lot Book Guarantee, Condition of Title Guarantee or Preliminary Report. Owner Title Policy must be issued within the last 6 month on all properties (parcels) being merged together.
- B. In the event the legal descriptions are not exactly the same (except the lots) County will require either a Civil Engineer or Licensed Surveyor to prepare a complete new legal description for the Notice of Voluntary merger document the County prepares.
- C. Owner must hold title to all the properties (parcels) in the exact same name and manner (vesting), in the event the owner's names do not match, escrow Holder is instructed to prepare a Grant Deed for owners to execute before an approved notary. Escrow Holder is further instructed to record said Grant Deed prior to Notice on Voluntary Merger.
- D. Any and all Beneficiaries (lenders) on any of the properties being merged must execute for a notary the Notice of Voluntary Merger. Escrow Holder is instructed and authorized by the owners to contact their Lender, provided information required by the lender to prepare a Modification Deed of Trust, if required by their lender. Said Modification Deed of Trust shall be recorded after the Notice of Voluntary Merger. Should the lender require and Endorsement or

new Lender Title Policy, cost of Preliminary Report shall be credited towards the title Endorsement and/or a new lender Title Policy.

- E. County will only accept original signatures and all property owners must sign all documents and forms (they will not accept emails, faxes or copies)

Upon Escrow Holders receipt of the fully executed Notice of Voluntary Merger (county, owners and all lenders), Modification Agreement (if required) and any Grant Deed (if required) in order to complete the merger process. Escrow Holder shall record all documents.

The following fees may or may not be applicable but are for informational purposes only:

- Escrow Fee in the amount of \$500.00 (for processing Merger transactions, subject to an additional \$200.00 in escrow fees if there is a lender involved)
- Escrow Fee in the amount of \$500.00 (for processing water position transfers)
- Lot Book Guarantee fee \$75.00 - \$250.00 per Assessor Parcel Number (APN)
- Condition of Title Guarantee or Preliminary Report fee \$400.00
- Recording Fee (actual recording costs)
- Cost of Civil Engineer or Licensed Surveyor, if required (actual cost)
- County Merger Fee \$141.28- (fees subject to change)
- Lender Modification Processing Fee, if required (actual cost)
- Endorsement or New Lender Title Policy (to be determined)

Cambria Community Services District shall pay up to \$800.00 towards cost per merger under their current Merger Program, any changes over and above the \$800.00 will be paid by the property owners direct to Escrow Holder. Upon recordation of the Merger documents Escrow Holder, in the event total costs are under the \$800.00 Escrow Holder shall refund balance to CCSD. In the event additional funds over \$800.00 are required Escrow Holder shall request the property owners to deposit remaining balance due into escrow.

All parties are aware no Owners Title insurance will be issued to the property owners in this transaction.

CAMBRIA COMMUNITY SERVICES DISTRICT

BY: _____
Authorized Signer (Name and Title)

OWNERS:

BY: _____

BY: _____

DATED: _____



TO: Placer Title Company
RE: Voluntary Merger Request

OWNER INFORMATION REQUEST

Existing 1st Loan

Lender Name: _____

Loan Number: _____

Phone Number: _____

Approximate Balance: \$ _____

Additional Loans

Lender Name: _____

Loan Number: _____

Phone Number: _____

Approximate Balance: \$ _____

Authorization: The undersigned authorize Placer Title Company to: Obtain information and any necessary forms from the above lenders in order to process a Voluntary Merger of land. Above referenced lenders hereby have my/our authorization to discuss, provide information and documentation to process said request.

Signature: _____ SS# _____ DATE: _____

Signature: _____ SS# _____ DATE: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: _____