

TEXAS DEPARTMENT OF INSURANCE

MC 106-1G, P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

Affidavit of Re-payment of Previously Released Funds to the Reserve Fund Escrow Account

I, _____ as an officer/representative of the escrow agent,
(full legal name)
_____ for _____
(escrow agent) (provider)
attest that \$ _____ was received on _____ and deposited
(date)
in the loan reserve fund escrow account of the _____
(provider)
for _____ bringing the loan reserve fund escrow
(facility)
balance to \$ _____.

Signed (Escrow Agent)

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary's Seal

Signature of Notary

Notary's Printed Name

My commission expires: _____.