



**SETTLEMENT AGENT TO FORWARD ANY AND ALL FUNDS HELD BY SETTLEMENT AGENT OR TITLE COMPANY AT CLOSING, THAT ARE LATER FOUND TO BE REFUNDABLE FOR ANY AND ALL REASONS AS VERIFICATION OF TAXES PAID, PADDING FOR INCIDENTALS, REPAIR INVOICES OR BILLS THAT ARE NOT PAYABLE, ETC.**

**YOU MAY NOT INCREASE FEES FROM THE APPROVED HUD TO ABSORB OVERAGES.**

HERE ARE UPDATED WIRING INSTRUCTIONS FOR YOUR CONVENIENCE

BANK NAME: ARVEST BANK  
ACCOUNT NAME CENTRAL MORTGAGE COMPANY  
LITTLE ROCK, AR

Routing Number is: [REDACTED]

Account Number is: [REDACTED]

ATTN: CASHIERING DEPARTMENT

REF: [REDACTED]

LYNNWOOD, WA 98036

For overnight delivery of funds and/or documents, please forward to the following address:

Central Mortgage Company  
Attn: Loss Mitigation, [REDACTED]  
801 John Barrow, Suite 1  
Little Rock, AR 72205

Sincerely,  
[REDACTED]

Homeowners Assistance Specialist  
Phone # 800-366-2132 ext. [REDACTED]  
Fax # 501-716-5005  
Email [REDACTED]@arvest.com

**ADDENDUM TO SHORT SALE AGREEMENT AND Insurance cancelation NOTIFICATION**

I, [REDACTED] hereby certify that I have reviewed the short sale agreement for loan number [REDACTED] and approve thereof by affixing my signature hereto. I further agree, by my signature below, to relinquish my rights to any and all funds held in escrow as of the date said short sale was approved by Central Mortgage Company and/or its investor. I also agree to forfeit my rights to any and all insurance proceeds or refunds from any and all pre-paid expenses received by Central Mortgage Company on or after the aforementioned short sale approval date.

Let this agreement serve as my authorization to cancel hazard and/or flood insurance policies for the property located at: [REDACTED] LYNNWOOD, WA 98036.

\_\_\_\_\_  
Insurance Agency Name

\_\_\_\_\_  
Insurance Agency Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Borrower

Date: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned Notary Public, personally appeared

\_\_\_\_\_  
, satisfactorily proven to be the person(s) whose names(s) is/are subscribed to the above instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_