



CCRC Form #12

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 _____, 20____.

(Notary's Seal)

 Signature of Notary

 Notary's Printed Name

My commission expires: _____