



STATE OF NEVADA
 DEPARTMENT OF BUSINESS AND
 INDUSTRY
DIVISION OF MORTGAGE LENDING
 3300 West Sahara Avenue, Suite 285
 Las Vegas, NV 89102
 (702) 486-0782 Fax (702) 486-0785
 www.mld.nv.gov

ESCROW AGENCY SEMIANNUAL REPORT FORM

Authority & instructions: Pursuant to NRS 645A.070(2), each escrow agency must complete and file with the Office of the Commissioner this semiannual report. This report must be received by the Office of the Commissioner no later than 30 days following the end of the 6-month period (*i.e.*, 4/30 for the 3/31 report and 10/30 for the 9/30 report). Do not recreate or change this form, only this report form will be accepted.

PART I. LICENSEE INFORMATION			
Report of the 6-month period ended: 3/31/____ OR 9/30/____			
Name of Licensee:	MLD No.:		
Assumed of Fictitious Name(s):	Licensee Address:		
Provide a description of the business conducted under the escrow license:			
PART II. TRUST ACCOUNT BANK INFORMATION			
<i>For each trust account maintained by the licensee, provide the following information. If more than one trust account is maintained, provide a separate Part II for each account.</i>			
BANK ACCOUNT NO.	BANK NAME	BANK LOCATION	
QUESTION	YES	NO	
1. Is the trust account reconciled at least monthly? a. If "No", provide a brief explanation.			
2. Are the trust account reconciliations completed within 30 days of the end of each month? a. If "No", provide a brief explanation.			
3. Did you verify and correct all exceptions/adjustments between the monthly bank statement balance for the trust account and the monthly trial balance of the client ledger as of the six month period end date? a. If "No", provide an explanation for each adjustment/exception that includes a description. Dollar amount, transaction date and the corrective action.			

4. Did all individual client accounts have positive balances? a. If "No," attach an explanation including the total dollar amount of negative balances and a list of the individual client accounts that have a negative balance including the individual escrow numbers, the names of the clients, and the dollar amount of the negative balances.		
5. Did the dollar amount of the total outstanding trust liability to clients equal the total dollar amount of undisbursed balances of the individual client ledgers? a. If "No," attach an explanation that includes total dollar amount of exceptions, escrow number, name of client, and amount for each escrow transaction.		
6. What is the date of the oldest outstanding check listed on the outstanding or unreconciled checks report? a. If the date indicated is more than 90 days prior to the final date of the reporting quarter, please attach a list of all outstanding checks older than 90 days from the final day of the reporting quarter including dates, amounts and payees and attach an explanation of the action you will take concerning any stale dated checks.		
7. What is the date of the oldest incomplete system adjustment/exception identified on the reconciliation report? a. If the date indicated is more than 30 days ago, please attach an explanation including a brief description of the adjustment, dollar amount, transaction date, and specific actions you will take to complete the necessary adjustment.		
8. Did the escrow agent remit all unclaimed funds as required by the Uniform Unclaimed Property Act, Chapter 120A of NRS? a. If your answer is "No," attach an explanation and indicate the estimated date of remittance		
9. Attach to this report a one page summary of the three-way reconciliation of the trust account for the last month of the 6-month reporting period. The reconciliation summary report form is attached.		
PART III. ESCROW AGENCY OPERATIONS		
Since the date of the last semiannual report submitted to the Division:		
QUESTION	YES	NO
1. Has there been any material adverse change in the financial condition of the above named escrow agency?		
2. Has the above named escrow agency or any escrow agent or employee of the above escrow agency been:		
a. named as a defendant in any criminal proceeding?		
b. notified or become aware that they are the subject of any investigation or enforcement action by any state or federal regulatory agency?		
c. named in any lawsuit related to the escrow agent's activities?		
3. Has there been any change in the ownership of the above named escrow agency?		
4. Has there been any change in the address of the above named escrow agency's main office or any branch office locations, or have any offices opened or closed?		
5. Has there been any change in the location of the books and records maintained by the above named escrow agency?		
6. Has there been any change in the escrow agency's trust account(s) (e.g., have you opened a new trust account)?		
NOTE: If you have answered "Yes" to any of the above questions, attach to this report a detailed explanation of the events that occurred.		
7. For the six month period covered by this report, please provide the following data:		
Indicate the Month & Year:		
Number of escrow accounts closed:		
Gross dollar amount of total funds received:		
Gross dollar amount of total funds disbursed:		
Gross fees earned:		

B. TRUST ACCOUNTING SYSTEM

Balance per system (book) as of: _____

\$ _____

Add:

Adjustments (brief description)

A.

\$ _____

B.

\$ _____

Subtotal

\$ _____

Deduct:

Adjustments (brief description)

A.

\$ _____

B.

\$ _____

Subtotal

\$ _____

Adjusted ending balance, SYSTEM/BOOK

\$ _____

C. CLIENT LEDGER TRIAL BALANCE

Total balance from individual client ledgers as of: _____

\$ _____