



NORTH CAROLINA REAL ESTATE COMMISSION  
 P.O. Box 17100 Raleigh, N.C. 27619-7100  
 Phone (919) 875-3700 • Email: ra@ncrec.gov  
 Website: www.ncrec.gov

**AFFIDAVIT OF INDEPENDENT ESCROW AGENT  
 FOR FINANCIAL INSTITUTION**

I, the undersigned, being first duly sworn, affirm that:

1. I am authorized to represent a financial institution located in North Carolina; and
2. I hereby accept appointment as of the date shown below as Independent Escrow Agent for the registered timeshare program named below; and
3. I have read and fully understand the provisions of the North Carolina Timeshare Act (Article 4, G.S. 93A) which sets forth the duties and responsibilities of Independent Escrow Agent; and
4. I will, in furtherance of the responsibilities as Independent Escrow Agent, deposit and maintain in a trust or escrow account in an insured bank or savings and loan association located in this State all payments made by purchasers on account of timeshares purchased at the program named below, and shall return such payments in accordance with N.C.G.S. 93A-45 and 57; and
5. I acknowledge the responsibility to make available to the North Carolina Real Estate Commission or its representatives all records relating to monies held in the capacity as Independent Escrow Agent; and
6. I agree to immediately notify the North Carolina Real Estate Commission upon the termination of the appointment as Independent Escrow Agent for the below-named program.

Timeshare Program Name	Timeshare Registration Number
Name of the Financial Institute	
Address of Financial Institute	
By: _____ Name and Title (President or Vice President) of person executing affidavit	_____ Signature of person executing affidavit
Attest: _____ Name and Title (Secretary or Assistant Secretary) of person attesting to execution of affidavit	_____ Signature of person attesting to affidavit

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

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

I, \_\_\_\_\_ a Notary Public for said County and State certify that \_\_\_\_\_ personally came before me this day and acknowledged that he/she is \_\_\_\_\_ of \_\_\_\_\_ and acknowledged on behalf of \_\_\_\_\_, the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

[NOTARY SEAL]

\_\_\_\_\_  
Signature of Notary Public

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



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**AFFIDAVIT OF INDEPENDENT ESCROW AGENT  
 FOR ATTORNEY**

I, the undersigned, being first duly sworn, affirm that:

1. I am an Attorney-at-Law licensed to practice in North Carolina; and
2. I hereby accept appointment as of the date shown below as Independent Escrow Agent for the registered timeshare program named below; and
3. I have read and fully understand the provisions of the North Carolina Time Share Act (Article 4, G.S. 93A) which sets forth the duties and responsibilities of Independent Escrow Agent; and
4. I will, in furtherance of the responsibilities as Independent Escrow Agent, deposit and maintain in a trust or escrow account in an insured bank or savings and loan association located in this State all payments made by purchasers on account of timeshares purchased at the program named below, and shall return such payments in accordance with N.C.G.S. 93A-45 and 57; and
5. I acknowledge the responsibility to make available to the North Carolina Real Estate Commission or its representatives all records relating to monies held in the capacity as Independent Escrow Agent; and
6. I agree to immediately notify the North Carolina Real Estate Commission upon the termination of the appointment as Independent Escrow Agent for the below-named program.

Timeshare Program Name	Timeshare Registration Number
Attorney's Name	Attorney's Signature
Attorney's Address	Date

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

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

[NOTARY SEAL]

\_\_\_\_\_  
Signature of Notary Public

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