WASHINGTON STATE DEPARTMENT OF	Designated Broker Closing Firm/Branch Affidavit	
Designated brokers must submestate firm or branch.	nit this affidavit when closing a real	
Online: https://professions.do	<u>ol.wa.gov</u>	
Or mail this and all real estate	licenses affected by this closure, to:	
Real Estate Licensing Department of Licensing PO Box 9021 Olympia, WA 98507		# ####################################
For questions or language help	o call: (360) 664-6500	
Please check all that apply: Firm main office closure Firm branch office closure		
I, Designated broker name as licensed	, License r	number,
-	icenses of all brokers, managing brokers, a	and branch managers who are
•		•
currently licensed to	ame	,
Firm/Branch license number		
being held in the firm's/branch's disbursement of such funds. At	all funds (including property management, s Real Estate Trust Accounts, for which I a tach additional pages, if necessary. liability (include name of client and amount	cknowledge responsibility, pending
Name of client		Amount
B. Name of banks holding yo	our trust funds and the account numbers:	
Name of bank		Account number
C. If this is a branch office clo	osure, where are you transferring the trust	liabilities?
Name		Main office/Branch/Other

I grant to the Department of Licensing the right to inspect the records I am required to keep by the laws and regulations that governed my license for a period of three years. I also agree to cooperate with an audit or an investigation by providing the Department of Licensing with the requested documents and a written explanation of the matter contained in a complaint. The location where the records will be kept:

Physical address

(Area code) Phone number

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name Х

Date and place



Signature of designated broker