

YOUR FILE CANNOT BE PROCESSED UNTIL THIS INFORMATION IS PROVIDED. ANY DELAY IN PROVIDING THIS INFORMATION MAY CAUSE THE CLOSING TO BE DELAYED. PLEASE COMPLETE AND RETURN THIS FORM AND DOCUMENTS WITHIN 7 DAYS TO:

GERI / MELISSA

SELLER INFORMATION

Name _____ Social Security No. _____

Name _____ Social Security No. _____

Telephone Number: Home _____ Work _____ Cell _____

Your new address: _____

(We will be sending you documents relating to your closing after you have moved).

WHEN YOU PURCHASED THIS HOME, DID OUR OFFICE REPRESENT YOU OR THE PERSON YOU BOUGHT IT FROM? IF SO, WHAT YEAR? _____

PROPERTY INFORMATION

Title Insurance Policy ____ enclosed -or- ____ previously given to our office
(If you are unable to provide a copy of the title policy, an additional charge of \$50.00 will be assessed to you by the title company inasmuch as a 20 year search will be required. If your title policy is not available, please provide a copy of the legal description of the property).

IF YOUR PROPERTY IS IN A TRUST, PLEASE PROVIDE US WITH A COPY OF YOUR TRUST AGREEMENT.

PLAT OF SURVEY *(condominiums excluded)* ____ enclosed - or- ____ previously given to our office

Age of Home: _____

Please provide us with your TAX BILL, if it is available.

MORTGAGE(S)

(Please write 2nd and/or Home Equity loans on back).

Loan Company or Bank _____ *(required)*

Street _____ City _____ State _____ Zip _____

Customer Service Phone Number _____ *(required)*

Loan Number _____ *(required)* Date payment is due _____

DO YOU HAVE A HOMEOWNERS' OR CONDO ASSOCIATION? _____

IF YES, HOW MUCH ARE YOUR FEES PER MONTH? _____

Name of the Association _____ Management Co. _____

Phone Number _____

DO YOU HAVE A WELL AND/OR SEPTIC SYSTEM? _____

MARITAL STATUS ____ Married ____ Single ____ Divorced (not since remarried)

____ Widow/Widower *(Please provide us with a copy of spouse's death certificate).*