Our File No.	
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PROPERTY INFORMATION: Seller(s)			
Property Address:			
Seller's Contact Information			
Seller(s) Name(s):			
Social Security No(s):			
Driver License No(s):			
Current Marital Status: ☐ Single If married, spouse name:	□ Married □ Divorce	d □ Widowed □ Other	
Forwarding Address:			
Home Phone:	Cell:	Work:	
Email:			
Will you be attending the closing: □	Yes □ No If not, pla	ease provide mail away details (Location, etc.):	
Was this property your Primary (Hom	estead) Residence?	Yes □ No	
Is this property currently a Rental Pro-	perty? □ Yes □ No	If Yes, please provide lease agreements.	
Existing Mortgage(s) Lender Information			
Is there a mortgage on the property? \square Yes \square No If Yes, please complete attached payoff Authorization.			
Name of Lender:			
Phone Number:	Accoun	t Number:	
Is there a second mortgage (i.e., HELOC) on the property? □ Yes □ No			
If Yes: Name of Lender:			
Phone Number:	Accoun	t Number:	
HOA/Condo Contact Information			
Is there a Homeowners or Condomini	um Association? 🗆 Y	es - HOA 🗆 Yes - Condo 🗆 No, neither	
Association Name:			
Name of Management Company:			
Address:			
Phone:	Email:		
Seller's Real Estate Agent Information			
Agent's Name:			
Company Name:			
Address:			
Phone: Fax:		Email:	
Please advise if there is a Transaction/Processing Fee:			
Please confirm the commission split:			