

***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:  
MELISSA***

**SELLER INFORMATION SHEET**

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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 because 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 2<sup>nd</sup> 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)*