



LAND TITLE AGENTS, LLC

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North Myrtle Beach, SC 29582
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BUYERS CLOSING INFORMATION

To assist us to help insure a smooth closing please provide the following:

1. Names of Buyer(s) **PLEASE ENTER YOUR FULL LEGAL NAME (First Middle and LAST).**

2. Will you be residing at said property? Yes No If no, please list your permanent address. _____

3. If more than one buyer how would you like title to vest:

- Joint Tenants with Right of Survivorship - typical husband & wife, upon death of either title vests by operation of law in the other avoiding probate.
- Tenants in Common - upon the death of either, their share goes to their heirs.
- If anything other, or other than equal shares - please call and discuss.

4. Buyer(s) Social Security Numbers: _____

5. With whom will you obtain Homeowners Insurance? (If not currently known advise ASAP) Should you need a list of companies that we are familiar with, please contact us and we can provide) (If this is a condominium, it is not necessary to complete this question)

Company Name _____

Agent Name: _____ Phone No.: _____

Fax No.: _____ E-Mail Address: _____

6. Have you or your realtor ordered a survey of said property? Yes No If no, do you want a survey of said property? Yes No If the answer is yes, we can give you names of surveyors in our area. **Please be advised that without a survey, you will not know of exact property boundaries as they exist presently and whether any encroachments may be present.**

Name of Lender: _____

Contact: _____ Phone No.: _____

Note all funds required for closing will need to be wired to the attorney's trust account by the date of closing. We will let you know as soon as those figures are available.

PLEASE FAX THIS FORM TO 843-281-2159 or e-mail to luanne@landtitleagents.com