

SELLER CLOSING INFORMATION

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

1. **Please provide a copy of your title insurance policy and deed (if available).**
2. Please enter ALL SELLERS' **FULL name** including middle **names (first, middle last** for each party): _____

- 3.. Please enter all SELLERS' Social Security Number(s):

4. Please enter your PERMANENT mailing address (where you will be residing after said sale of property):

5. Please enter name of Homeowner's Association and/or Management Company (if none, please enter "NONE"
Name of HOA: _____
Address: _____ Phone #: _____
Paid: Monthly Qtrly Annually Other Amount Pd: \$ _____
6. Are you aware of any other outstanding liens, bankruptcies, foreclosures or any other actions which will affect the title to said property? Yes No If yes, please attach an explanation of the issues.
7. Do you rent this property? Yes No If so, please enter name and phone number of Rental agency: _____
(Please provide copy of lease if you are leasing directly)
8. Are Seller(s) residents of South Carolina? Yes No
Will the sale of the above property yield a federal taxable gain? ? Yes No Please see attached Form I-295 which will explain the necessary information. If you are unsure, we recommend that you contact your tax adviser as we do not have information on this subject.
9. Will Seller(s) be present for the closing? ? Yes No
IF NO, please provide a street address to deliver closing documents for signatures:

(IF NO, there is a \$45.00 per Federal Express Package)
10. How will you be providing the keys to said property at closing?
___ realtor to provide
___ sending back with package
___ bring to our offices

PAYOFF AUTHORIZATION FORM

(If you do not have a payoff, please write NONE and sign)

TO THE PAYOFF LENDER:

Re: _____

Name of Bank or Mortgage Company holding the loan on said property:

Lender Name: _____

Contact Person: _____

Phone #: _____

Address (Customer Service address where you send monthly payments):

Loan Account Number: _____

Social Security Numbers (Mr.) _____ (Mrs.) _____

Please release payoff information to:

Land Title Agents, LLC, North Myrtle Beach, SC 29582.

By: _____

By: _____

Date: _____