INFORMATION CHECK LIST

PROPERTY ADDRESS:_____

ESTIMATED CLOSING DATE:_____

DO YOU HAVE A PRIOR TITLE INSURANCE POLICY? YES _____ NO_____

PRIOR TITLE INSURANCE COMPANY_____

SELLER INFORMATION:

NAME:_____

SPOUSE:_____

OTHER:_____

ADDRESS:_____

_____

PHONE: **H**_____**W**_____

CELL PHONE:_____

SS # _____

SINGLE:_____MARRIED:_____

BUYER INFORMATION:

NAME:_____

SPOUSE:_____

OTHER:_____

ADDRESS:_____

_____

PHONE: **H**_____**W**_____

CELL PHONE:_____

SS #_____

SINGLE:_____MARRIED:_____

SELLER'S CURRENT MORTGAGE COMPANY: _____

LOAN #_____

PHONE #_____

BUYER'S MORTGAGE COMPANY: _____

AMOUNT OF LOAN $_____CONTACT PERSON:_____

OWNER FINANCE TERMS (IF APPLICABLE):_____

_____

WILL A TERMITE INSPECTION BE NEEDED: **Y** OR **N** COMPANY_____

PLEASE INDICATE WHO WILL BE PAYING THE FOLLOWING EXPENSES:

TITLE INSURANCE:		
OWNER'S PREMIUM/SERVICE CHARGES	SELLER:_____	BUYER:_____
LENDER'S PREMIUM/SERVICE CHARGES	SELLER:_____	BUYER:_____
CLOSING FEE:	SELLER:_____	BUYER:_____
CLOSING PROTECTION LETTER:	SELLER: $25.00	BUYER: $25.00

SELLERS SIGNATURE (S)

_____

_____

DATE:_____

BUYERS SIGNATURE (S)

_____

_____

DATE:_____