SELLER CLOSING INFORMATION SHEET

CLIENT NAME(S):_____
Preferred Phone #: _____ **(his)**_____ **(hers)**
Secondary Phone #: _____ **(his)**_____ **(hers)**
EMAIL(s): _____

Property Address: _____

Do you pay any homeowner's association dues for your neighborhood?
_____ NO _____ YES, please complete below information completely.

Amount of dues: _____ (Circle one: quarterly / monthly / yearly)
Contact: _____ **Phone:** _____

**** Please note that if homeowner's association dues are paid through Community Group or another service that charges a fee for obtaining information, that fee will be changed to you at settlement. If settlement does not occur, you are responsible for paying or reimbursing the fee.**

Do you have any mortgage(s) on the property?
_____ NO _____ YES, please complete below information completely.

SSN: _____-_____-_____ (his) _____-_____-_____ (her)

Bank: _____
Phone: _____
Loan #: _____

Bank: _____
Phone: _____
Loan #: _____

<u>Inspections</u>: we do not normally order termite, well, septic or other inspections. Please consult your real estate agent or call us if no agent is involved in this transaction.
<u>Repairs</u>: please provide all repair receipts and bills as soon as possible.

If a termite inspection is required by the contract:
Who is doing the inspection? _____ Phone: _____

Does this property contain a well?
____ NO _____ YES, if so, who is doing the water testing?
Company: _____ Phone: _____

Does this property contain a septic system?
_____ NO _____ YES, if so, who is doing the septic inspection/cleaning?
Company: _____ Phone: _____

Does this property contain an oil or propane tank?
_____ NO _____ YES, if so, who will measure the tank for pro-ration purposes?
Company: _____ Phone: _____

I/We, hereby authorize the lender(s) or other service providers listed above to release payoff or reinstatement information and any other information necessary for this transaction to the Law Offices of T. Andrew Lingle, P.C. and/or its employees, agents or nominees, and we authorize the Law Offices of T. Andrew Lingle, P.C. to release non-public personal information to anyone deemed necessary for the closing of this transaction. If closing does not occur for any reason, I/we acknowledge and agree to pay for all services and fees completed to that date.

Date: _____ _____

Date: _____ _____