

| Property Address:  Seller Name(s) including middle initials if applicable:  |  |
|---|--|
| Seller Name(s) including middle initials if applicable:   |  |
|   |  |
| Seller(s) Marital Status:   husband and wife   Single  other  |  |
| Seller(s) Social Security Number(s) or Tax ID Number:   |  |
| HIS SS#) HER SS#:   |  |
| Telephone Numbers:  |  |
| Home: Work:   |  |
| Cellular: Fax:  |  |
| Mailing Address (or Forwarding Address):  |  |
| Will Seller(s) Attend Closing? □ YES □ NO If No, provide delivery address for closing package                           |  |
| Is there a mortgage to be paid off?   |  |
| <b>Is there a Homeowner's/Condo Association</b> ? ☐ YES ☐ NO If yes, please provide: Name of Management Company Phone # |  |
| List Agent Commission: % or Flat Fee: \$<br>Selling Agent Commission: % or Flat Fee:                                    |  |
| Do you have a Broker Commission Fee: □ No □ Yes \$  |  |
| Any additional information:   |  |

Thank you for taking the time to complete this form. This information will expedite the processing of your closing and we appreciate your cooperation. If you have any questions or concerns please do not hesitate to contact us.