



Seller Information

Your Information

Seller(s) Name:

_____ Seller 1

_____ Seller 2

Gender(s):

Seller 1: Male

Female

Seller 2: Male

Female

Current Property Information:

Is this property your primary residence*, second home or investment property?

Primary Residence

Second Home

Investment Property

*If married spouse will need to execute the warranty deed.

Social Security:

Seller 1

Seller 2

This will only be used to submit the required 1099 to the IRS for the sale of your home.

How are you giving title?

- | | | | | | | | |
|--------------------------|-------------------|--------------------------|---------------------------------|--------------------------|-----------------|--------------------------|------------------|
| <input type="checkbox"/> | Husband
& Wife | <input type="checkbox"/> | Married
Couple
(Same Sex) | <input type="checkbox"/> | Married
Man | <input type="checkbox"/> | Married
Woman |
| <input type="checkbox"/> | Single
Man | <input type="checkbox"/> | | <input type="checkbox"/> | Single
Woman | | |

Attorney Info (if applicable)

Attorney Name: _____

Phone Number: _____

Email Address: _____

Real Estate Agent Info (if applicable)

Realtor Name: _____

Agency Name: _____

Phone Number: _____

Email Address: _____

Your Contact Information*

Email Address: _____

Mobile Number: _____

Preferred method of communication

- | | | | |
|--------------------------|-------|--------------------------|-------|
| <input type="checkbox"/> | Email | <input type="checkbox"/> | Phone |
|--------------------------|-------|--------------------------|-------|

Additional Information:

Will you be providing a prior owner's title insurance policy for your buyer so they can get a discounted title insurance rate?

Yes

No

Is there a homeowner's association?

Yes

No

Homeowners Association Info (if applicable)

Association Name: _____

Phone Number: _____

Email Address: _____

Does the buyer(s) need to be approved by your association?

Yes

No

Not Sure

Can we share the Closing Disclosure with your real estate agent, if any?

Yes

No

Please sign below:

Seller 1

Seller 2

By signing the above, I/we authorize All Property Title & Escrow to obtain information on my/our existing mortgage, liens or property owner associations in connection with the sale of the subject property.

PAYOFF AUTHORIZATION

I/We, authorize All Property Title and Escrow, LLC to obtain payoff information and to discuss any and all information about my account. We are aware that there may be a fee associated with the faxing of the payoff that will be included in the payoff amount.

Date: _____

Lender: _____

Payoff Dept. Phone No. _____

Loan Number: _____

Property Address: _____

Fax Number: _____

Please make the payoff figure good through 30 days from today's date:

Borrower 1:

Borrower 2:

Sign:

Sign:

Print:

Print:

Social Security #

Social Security #

PAYOFFS CAN BE EMAILED TO: Jennifer@BMWLawyers.net and Sarah@AllPropertyTitle.com or faxed to 954-323-1783