



3301 Bonita Beach Road • Suite 213 • Bonita Springs, FL 34134
Office: (239) 947-6780 • Fax: (239) 947-6790

NOTE: IMPORTANT INFORMATION NEEDED FROM BUYERS

**IF WE DO NOT RECEIVE THIS INFORMATION
IT WILL HOLD UP THE CLOSING DATE**

If you taking title in the name of a corporation, you must provide our office with a certificate of good standing for the current year.

If you are taking title as trustee for a trust, you must provide our office with a complete copy of the trust.

If you are taking title as a partner in a partnership, you must provide our office with a copy of the partnership agreement.

If you have any questions regarding the completion of this form, please feel free to contact or Phyllis Panik at (239) 947-6780. You may fax this document to (239) 947-6790.

FILE # _____

CLOSING INFORMATION SHEET FOR BUYERS

1 Will you be present for closing? YES NO

Address: _____

MUST HAVE PHONE NUMBERS

Phone Numbers: Home: _____
Work: _____
Fax: _____

If NO, you must give us an accurate address for UPS Delivery of the documents.

2 Please indicate how you wish your name(s) to appear on the Warranty Deed (Initials, middle name, Jr., Sr.)

3 Please check one of the following as to how you wish to take title.

- a. **Sole Ownership:** Please indicate marital status: Married Single
- b. **Tenants by the Entirety:** Applies only to Husband and Wife and upon the death of a spouse, the title automatically passes to the surviving spouse.
- c. **Tenants in Common:** Each party owns an undivided interest and upon death of a co-tenant, his interest passes to his heirs and not the surviving co-tenants. This is not usually used for husband and wife.
- d. **Joint Tenants with right of Survivorship:** Upon the death of a joint tenant title passes immediately to the surviving joint tenant.
- e. **Partnership:** Name: _____
Name of Partners: _____

- f. **Corporation:** Name: _____
Year incorporated: _____
State incorporated in: _____
- g. **Other:** Name: _____

4 Please indicate your forward mailing address (address for warranty deed):

Address: _____

5 If you will be represented by your own attorney, please complete the following:

Name: _____

Phone No. _____

Address: _____

6 Will you be obtaining a mortgage to close on this transaction? YES NO

Name of Lending Institution, if any: _____

Phone No. _____ Contact Person: _____

7 Closing funds must be provided in the form of: (please check one)

Wire Transfer

FLORIDA BANK Cashiers Check?

(Make payable to First Title of Southwest Florida, Inc.)



8 Any other information you may wish to add:

9 Is this going to be your primary residence? YES NO

Thank you for your cooperation.

Please sign where indicated.

Sign Name: _____

Print Name: _____

Sign Name: _____

Print Name: _____