



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

## **NOTE: IMPORTANT INFORMATION NEEDED FROM SELLERS**

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

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

If your property is held in a trust, you must provide our office with a complete copy of the trust.

If your property is 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 SELLERS

**Please complete all the requested information accurately and legibly.**

The information shown on this form will be used to prepare all closing documents.

**1** Will you be present for closing?  YES  NO

- a. **If NO**, you must give us an accurate address for UPS Delivery of the documents and please deliver to:

Address: \_\_\_\_\_  
\_\_\_\_\_

- b. **If NO**, please deliver proceeds by:

Wire      Bank Name: \_\_\_\_\_  
                  ABA#: \_\_\_\_\_  
                  Account #: \_\_\_\_\_  
                  Account Name #: \_\_\_\_\_

Overnite \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**2** **Phone Numbers:** Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Fax: \_\_\_\_\_

**3** **Marital Status:**  Married  Single  Divorced  Widowed  
(Please check one of the above)      Date of Death \_\_/\_\_/\_\_

**4** **Do you pay Association fees?**  YES  NO  
**If "YES" HOW MANY?** \_\_\_\_\_

**Name of all Associations and phone numbers:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_

**7** Do you have an existing mortgage and/or 2nd mortgage and/or equity loan?

Name of Lender: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
  
Name of Lender: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone No: \_\_\_\_\_

**8** Please forward a copy of your prior Owner's Title Insurance Policy as soon as possible to receive a deduction on the cost of the title search.

**9** If available, please provide your original survey from when you purchased this property, for processing purposes.

**10** Was this your primary residence?  YES  NO

*Thank you for your cooperation.  
Please sign where indicated.*

Sign Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Soc. Sec #: \_\_\_\_\_

Sign Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Soc. Sec #: \_\_\_\_\_