



SELLER INFORMATION FORM

Property Address: _____

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO OUR OFFICE AT YOUR EARLIEST CONVENIENCE. ALL INFORMATION IS KEPT CONFIDENTIAL.

Please return to us via fax at 407-982-2587 OR via e-mail to closings@legalcounselpa.com

1. Seller Name: _____ Seller Name: _____
Phone Number: () _____ Phone Number: () _____
E-Mail Address: _____ E-Mail Address: _____
SS # or TIN #: _____ SS # or TIN #: _____

2. Seller's Mailing Address after closing:

3. Will you be present for closing? [] YES [] NO

4. Are you married? [] YES [] NO

If you are a married person residing in homestead property, and you are the only spouse on title, your spouse must join in signing the deed (please include spouse's information in Item #1 above).

5. Do you have a prior survey you can provide to us? [] YES (please send copy) [] NO

6. Do you pay dues to an HOA or condo association? [] YES (please provide contact info below) [] NO

Association Name: _____ Phone Number #: _____

E-Mail Address: _____ Management Company: _____

7. Do you pay dues to any additional associations? [] YES (please provide contact info below) [] NO

Association Name: _____ Phone Number #: _____

E-Mail Address: _____ Management Company: _____

8. Do you have a mortgage on this property? [] YES (please complete attached payoff authorization) [] NO

A. 1st Mortgage Bank: _____ Loan #: _____

B. 2nd Mortgage Bank: _____ Loan #: _____



9. **Do you have a prior owner's title insurance policy for this property?** YES (please send copy) NO
10. **How would you like your proceeds sent?** CHECK WIRE TRANSFER (please complete attached form)
11. **Are you a US Citizen?** YES NO (please note FIRPTA withholding may apply)