



SELLER'S INFORMATION FORM

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Please provide the following information so that we may better assist you with closing the transaction for the property located at:

Property Address: «=property1_address_inline»
File Number: «=order_number»

Full Legal Name of all Sellers: _____

Contact Number: Cell: _____ Home: _____ Work: _____

Email: _____

Your address after closing: _____

Will you attend the closing: YES NO

If you will not be present for closing, please provide a physical address to which the closing documents should be sent via overnight courier.

Marital Status: Married Unmarried Spouse's name? _____

Are you a U.S. Citizen: YES NO

Do you and/or your spouse currently occupy the property: YES NO

Do you have an Owners Title Policy from when you purchased this property? YES NO (If yes, please attach.)

If there is a Homeowner Association for this property, please provide the information below:

1st Association Name and Contact Information: _____

2nd Association (if any) Name and Contact Information: _____

If you have a mortgage on this property, please provide the information below:

1st Lender's Name: _____

Loan # _____ Contact #: _____

2nd Lender's (if any) Name: _____

Loan # _____ Contact #: _____

I/We the undersigned, hereby authorize the release of any payoff information to **Heights Title Services, LLC**.

Signature Date

Signature Date

Print Name

Print Name

Social Security Number

Social Security Number

Thank you for taking the time to complete the above. We look forward to working with you.
Please return this form to:

«=assistant_email»