## **REAL ESTATE CLOSING INFORMATION SHEET: Sellers Realtor**

Please complete and fax back to B. Faith Martzin, PC, 864/751.6369 (fax) as soon as possible or email to fmartzin@martzinlaw.com.

PROPERTY Selling:	TMS			
Lot:Subdivision:	TMSSection:County: Recording information: Deed BookPage			
Anticipated closing date:	Recording in	formation: Dee	d Book	Page
<b>SURVEY</b> Is there a recorded survey? _	Book	<u> </u>	_Page	
Have any repairs been done on the hou	se within the la	ıst 90 days or a	re any anticip	ated?
If so, please describe and list repairment **I will need a paid receipt for all repairs.	:			
REALTORS				
Seller's Agent:	Company:		Ph:_	
Address:		FAX:	Other	· ph:
Commission:% Other:				
Buyer's Agent:	Company:		Ph <u>:</u> _	
Address:		FAX:	Other	· ph:
Commission:% Other:				
Commission:% Other: Who	is holding it?_		Depo	sit will be $\square$ brought
to closing or □ retained.				
SELLER:	SSN.		(Ph)	
SELLER: SPOUSE: Current Address:	SSN:		(Cell)	
Current Address:	00.11.		(Fmail)	
Forwarding Address:			_ (=	
EXISTING LIENS				
*1st Mortgage:			_( )	
*Address:			Fax	
*Loan Number	Cont	act		
Recording data: Date of lien	Mtg. Book	Page		
*Address:*Loan Number		Per diem \$		<del>_</del>
*2nd Mortgage:			_( )	
*Loan Number	Cont	act	_i ax	
Recording data: Date of lien	Mta Book	Dane		
*Address:  *Loan Number  Recording data: Date of lien  Payoff:\$ Good until	Mig. Dook _	Der diem \$		_
Tayon: \$\phi Good until _		_ i ei dieili ψ_		
TERMITE LETTER: Required by contract	ct?	<u> </u>		
Date ordered: From	n:			_
Date ordered: From Date to be delivered: Who	ordered:			
Cost?	Has it been	paid?		
Any repairs to be made?	What?			
Cost? Any repairs to be made? Cost of repairs?	Who pays?			
HOMEOWNERS ASSOCIATION:			Annu	al dues: \$
Contact:			(Email)	
<b>TITLE INSURANCE:</b> Is there a current <b>OTHER:</b>	policy? If	f yes, please at	tach a copy.	