



P.O. Box 1381
7621 Purfoy Road, Suite 222
Fuquay-Varina, NC 27526
www.fuquayvarinalaw.com
Phone: 919-552-2501
Fax: 919-552-0292

Seller Information:

Name:
Marital Status:
Social Security Number:
Home:
Work:
Cell:
Fax:

Name:
Marital Status:
Social Security Number:
Home:
Work:
Cell:
Fax:

2. Property Address:

Property address lines

Subdivision:

Lot No.: Phase:

Property Tax ID:

Deed Book: Page:

Book of Maps: Page:

3. Will you attend the closing? \_\_\_\_\_

4. Forwarding Address & Phone Number:

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

Phone: \_\_\_\_\_

5. Mortgage Information:

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

I authorize Mercogliano & Associates, PA to receive payoff information on this account as requested. Furthermore, I request that any credit line(s) associated with this account be frozen immediately and cancelled upon receipt of payment in full.

Seller Signature: \_\_\_\_\_

Seller Signature: \_\_\_\_\_

6. 2<sup>nd</sup> Mortgage Information:

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

I authorize Mercogliano & Associates, PA to receive payoff information on this account as requested. Furthermore, I request that any credit line(s) associated with this account be frozen immediately and cancelled upon receipt of payment in full.

Seller Signature: \_\_\_\_\_

Seller Signature: \_\_\_\_\_

7. Please list any Outstanding Judgments and Claims of Liens: \_\_\_\_\_

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

8. Title Insurance Information:  
(This information should be found in your previous closing statement (HUD) and closing package.)

Title Insurance Company: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

9. Home Owners' Association Information:

Name: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

Dues: \_\_\_\_\_ per \_\_\_\_\_

10. Do you want the closing attorney to prepare the deed and lien waiver? \_\_\_\_\_  
If not, who will be preparing the deed and lien waiver?

Attorney: \_\_\_\_\_

Phone Number: \_\_\_\_\_

11. Information for Seller's Agent:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

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

\_\_\_\_\_

Phone Numbers:

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Commission: \_\_\_\_\_ % \$ \_\_\_\_\_

**Additional Information:**