



NORTH OFFICE:
8395 Keystone Crossing, Suite 100
Indianapolis, IN 46240
Office: (317) 254-5454
Fax: (317) 254-5455

WEST OFFICE:
7651 E. US 36
Avon, IN 46123
Office: (317) 272-1122
Fax: (317) 272-0055

NOTE: IMPORTANT INFORMATION NEEDED FROM BUYERS

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

If you are taking title in the name of a corporation, you must provide our office with a certificate of good standing for the current year.

If you are taking title as trustee for a trust, you must provide our office with a complete copy of the trust.

If you are taking title as a partner 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 our office at (317) 254-5454. You may fax this document to (317) 254-5455.

CLOSING INFORMATION SHEET FOR BUYERS

1 Will all parties purchasing be present for closing? YES NO

a. **If NO**, you must give us an accurate address for person/persons not attending this closing so that we can UPS Delivery of the documents:

Name & Address: _____

Name & Address: _____

MUST HAVE PHONE NUMBERS

Phone Numbers: Home: _____

Work: _____

Fax: _____

Email: _____

2 Please indicate how you wish your name(s) to appear on the Warranty Deed (Initials, middle name, Jr., Sr.)

3 Marital Status: Married Single
(Please check one of the above)

4 Please check one of the following as to how you wish to take title.

a. Sole Ownership

b. **Tenants by the Entirety:** Applies only to Husband and Wife and upon the death of a spouse, the title automatically passes to the surviving spouse.

c. **Tenants in Common:** Each party owns an undivided interest and upon death of a co-tenant, his interest passes to his heirs and not the surviving co-tenants. This is not usually used for husband and wife.

d. **Joint Tenants with right of Survivorship:** Upon the death of a joint tenant title passes immediately to the surviving joint tenant.

e. **Partnership:** Name: _____
Name of Partners: _____

f. **Corporation:** Name: _____
Year incorporated: _____
State incorporated in: _____

g. Other: Name: _____

5 Please indicate the mailing address you would like your tax bills to be sent each year.

Address: _____

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

Name: _____
Phone No. _____
Address: _____

7 Will you be obtaining a mortgage to close on this transaction? YES NO

Name of Lending Institution, if any: _____

Phone No. _____ Contact Person: _____

8 Closing funds must be provided in the form of: (please check one)

- Wire Transfer
- INDIANA BANK Cashiers Check?
(Make payable to First Title of Indiana, Inc.)

**OUT-OF-STATE
CASHIERS CHECKS
ARE NOT ACCEPTABLE**

9 Any other information you may wish to add:

10 Is this going to be your primary residence? YES NO

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

Sign Name: _____ Male Female

Print Name: _____

Sign Name: _____ Male Female

Print Name: _____