



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 SELLERS

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

If you own your property in the name of a corporation, you must provide our office with a certificate of good standing for the current year.

If a Trustee or a deceased party is currently holding title (if their name is on the deed) of this property, we will need a copy of the Trust (to show the powers of the seller/trustee and an original certified copy of the death certificate.

If your property is 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 SELLERS

Please complete all the requested information accurately and legibly.
The information shown on this form will be used to prepare all closing documents.

1 Title is currently held as: _____
Trust Name: _____ Individual Name(s)
Partnership Name: _____

Will all parties in title 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: _____

2 Indicate how proceeds should be disbursed to you:

Wire Bank Name: _____
ABA#: _____
Account #: _____
Account Name: _____

First Title Escrow Account Check Payable to: _____

Other _____

3 Phone Numbers: Home: _____
Work: _____
Fax: _____
Email: _____

4 Marital Status: Married Single Divorced Widowed
(Please check one of the above) Date of Death __/__/__

5 Do you pay Association fees? YES NO

If "YES" HOW MANY? _____

Name of all Associations and phone numbers:

6 Please indicate your forward mailing address (address for warranty deed):
Address: _____

7 If you will be represented by your own attorney, please complete the following:
Name: _____
Phone No. _____
Address: _____

8 Do you have an existing mortgage and/or 2nd mortgage and/or equity loan?
Name of Lender: _____
Account #: _____
Phone No: _____
Name of Lender: _____
Account #: _____
Phone No: _____

9 If you've owned the property less than 3 years, please forward a copy of your prior Owner's Title Policy for a credit on your closing costs.

10 If available, please provide your original survey from when you purchased this property, for processing purposes.

11 Was this your primary residence? YES NO

12 Is property you are selling a Vacant Land Condo Home ?
(Please Check One)

13 If the property you are selling is a mobile home, please send ORIGINAL TITLE back with this form.

Sign Name: _____

Soc. Sec #: _____

Sign Name: _____

Soc. Sec #: _____