

CONTRACT CONCERNING PROPERTY ADDRESS: NO DOCUSIGN ALLOWED

Street: _____

City: _____ ST: _____ Zip: _____

Is the above property the Seller's primary residence? Yes No

Name (Seller 1): _____

Name (Seller 2): _____

Current Address

Street: _____

City: _____ ST: _____ Zip: _____

Home: _____ Work: _____

Cell: _____

Email: _____

Current Address

Street: _____

City: _____ ST: _____ Zip: _____

Home: _____ Work: _____

Cell: _____

Email: _____

Forwarding Address

Street: _____

City: _____ ST: _____ Zip: _____

Forwarding Address

Street: _____

City: _____ ST: _____ Zip: _____

Payoff Information

Mortgage Company: _____ Phone: _____

Signature (Seller 1): _____ Signature (Seller 2): _____

1st Lien Account Number: _____ 2nd Lien Account Number (if applicable): _____

Social Security # (Seller 1): _____ Social Security # (Seller 2): _____

Seller Social Security Number Required to Obtain Payoff Information

Seller 1 Marital Status: Single Married Divorced Widowed

Seller 2 Marital Status: Single Married Divorced Widowed

Has the Seller's Marital Status changed since the property was purchased? Yes No

Do you have a survey and a notarized survey affidavit (T-47)? Yes No

If No, Do we need to order a survey? Yes No

If Necessary to order a survey who is responsible for payment? Seller Buyer

Is there a Home Owner's Association associated with the subject property? Yes No

If yes, please provide the following:

Name of Association/MGMT Company: _____ Phone: _____

Who is responsible for payment of the resale certificate? Seller Buyer

Will the Seller(s) be present at closing? Yes No

Please Note: If the Seller(s) will not be present at closing, a mail out or Power of Attorney will need to be arranged.

AUTHORIZATION TO RELEASE INFORMATION

You are hereby authorized to release Old Republic National Title Insurance Company and/or its assigns all information relating to the payoff of the referenced loan. A photocopy of this authorization may be used as the equivalent of the original.

