

Doyle & Wallace, PLLC
2701 Coltsgate Rd, Ste. 210
Charlotte, NC 28211

TO:

FROM:

COMPANY:

DATE:

FAX NUMBER:

TOTAL PAGES W/COVER:

BUYER/SELLER/ADDRESS

DATE OF CLOSING:

Buyer:

Seller:

Address:

SELLER INFORMATION SHEET

The paralegal for this closing is:

Her Direct line is:

Her Fax is:

Her email is:

PLEASE RETURN WITHIN 48 HRS to ensure a smooth closing for your client

(Please provide as much of the following information as you can and fax it back to me **as soon as possible**.)

BUYER NAME: _____

PROPERTY ADDRESS: _____

PURCHASE PRICE: \$ _____

DEPOSIT: \$ _____ with _____ Agent

SELLER NAME: _____

CONTACT # _____

EMAIL ADDRESS: _____

BUYER'S AGENT NAME: _____

REALTY COMPANY: _____
TELEPHONE #: _____
FAX #: _____
COMMISSION % _____

LISTING AGENT NAME: _____
REALTY COMPANY: _____
TELEPHONE #: _____
FAX #: _____
COMMISSION % _____

SELLER(s) SS or Tax ID#: _____
(necessary for IRS and Payoff!)

SELLER FORWARDING ADDRESS: _____
(necessary for IRS!)

SELLER IS: **UNMARRIED MARRIED SEPARATED DIVORCED**

Spouse Name _____

SELLER(S) WILL ATTEND THE CLOSING? **YES or NO**

*if 'NO,' seller MUST contact the paralegal immediately to execute a Power of Attorney OR make other arrangements

Have there been any improvements to the property in the last 120 days YES or NO

Our office should expect invoices for the following:

Home Inspection Structural Inspection Pest Inspection

Repairs Home Warranty Homeowners Insurance

Other: _____

****PLEASE MAKE SURE TO SEND US A COPY OF THE SELLER'S TITLE INSURANCE POLICY. IF YOUR SELLER DOES NOT HAVE A COPY, ENCOURAGE THEM TO CONTACT THE TITLE INSURANCE COMPANY TO REQUEST A COPY AND FORWARD IT TO US. DOING THIS IN ADVANCE WILL HELP PREVENT TITLE PROBLEMS FROM DELAYING YOUR CLOSING.****

HOMEOWNERS ASSO. _____
(Seller) Name/Phone:

PAYOFF INFO:
(seller)

Lender:
Acct. No.:
Phone No.:

PAYOFF INFO:
(seller)

Lender:
Acct. No.:
Phone No.:

PAYOFF INFO:
(seller)

Lender:
Acct. No.:
Phone No.:

Attached, please find a separate Attorney's Authorization form. Payoffs contain personal and sensitive information and a growing number of banks require seller signed authorization AND a ten day turnaround for payoffs. PLEASE have seller sign the authorization and fax to our office. THANK YOU!

Doyle & Wallace, PLLC
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Please RUSH!!!!

ATTN: PAYOFF DEPT.

RE: Borrower:
Seller:
Property:
Account #:
SS#:
Payoff Good-Thru Date:

Dear Sirs:

This office represents the owner of the above property. Therefore, please issue your statement setting forth the principal balance and interest due as well as any other fees necessary for payment in full, together with a per diem interest. The seller's signatures below authorizes release of this information to our office.

Should you have any questions, please do not hesitate to contact our office.

Very truly yours,

Doyle & Wallace, PLLC

Release of the above information to Doyle & Wallace, PLLC is hereby authorized.

Doyle & Wallace, PLLC
2701 Coltsgate Rd, Ste. 210
Charlotte, NC 28211

RE:

To Whom It May Concern:

At the time that I/We purchased our home, your company issued us an Owner's Policy of Title Insurance. Unfortunately, I/we are unable to locate our policy and I/we hereby authorize Doyle & Wallace, PLLC, any employee or contract worker thereof to request a copy of my/our Owner's Title Insurance Policy on our behalf. I/We instruct you to release a copy of my/our Owner's Title Insurance Policy to Doyle & Wallace, PLLC without any preconditions or prerequisites of any kind to:

Your prompt reply to this request is greatly appreciated.

Sincerely,
