

PH: 954.368.8688 FAX: 954.368.8698

<u>Closings@FirstTitleOfBroward.com</u> www.FirstTitleOfBroward.com

Welcome Letter/Submission Form: FIRST TITLE OF BROWARD

SELLER INFORMATION FORM

The purchaser(s) have selected our company to conduct the settlement in connection with the sale of your property. As settlement agents, we are responsible for paying off and releasing any and all existing liens against the property, notifying any homeowners association and paying any outstanding dues, conducting the settlement, and forwarding proof of this transaction to the Internal Service Revenue.

Please Provide The Information Requested Below To Assist Us In Processing This Transaction.

Seller Name*		
Subject Property Address:		
First name:	Last Name:	
Social Security Seller #1:	EIN Numbers: Seller #1:	
Marital Status: Married [] Unmarried [] Divorced [] Widowed [] US Citizen: [] Yes [] No	
Seller #1 Email:	Cell No. Seller # 1:	
Phone No. Seller #1 Work:	Phone No. Seller #1 Home:	
Current mailing Address (if different)		
Second Seller (if applicable)		
First name:	Last Name:	
Social Security Seller #2:	EIN Numbers: Seller #2:	
Marital Status: Married [] Unmarried [] Divorced [] Widowed [] US Citizen: [] Yes [] No	
Seller #2 Email:	Cell No. Seller # 2:	
Phone No. Seller #2 Work:	Phone No. Seller #2 Home:	
Current Mailing Address (if different)		
Street Address:	City	
State:Zip Code:	County:	
Existing Lender #1. First Name.	Last Name·	



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Account No		Phone No	
Existing Lender #	#2: First Name:	Last Name	:
Account No		Phone No.	
Homeowner Asso	c. Mgmt. Co.		Phone No.
Is there a 2nd HC	OA? YES: [] NO: [] Phone No	
Seller Forwarding	g Address:		
Street Address: _		City	
State:	Zip Code:	County:	
Title is held in the	e name of a LLC, corpo	ration, Trust or Estate or subj	ect to a divorce or separation. *
YES [] NO []		
If yes, please pro	vide copy of Trust or E	state Documents.	
OTHER COMM	ENTS:		