

SELLER INFORMATION – ESTATE

| Your Name: | Property Address: |
|---|---|
| Name of Estate: | EIN Number: |
| Name and Title of person signing on behalf of the | he Estate: |
| Phone: | Email: |
| Estate Attorney Name and Contact info: | |
| Signer's Current Mailing Address: | |
| Will Signer(s) attend closing? \Box YES \Box NO | (If not, please contact us to make arrangements ASAP.) |
| Is property tenant occupied? \square YES \square NO | Rent's and Deposits to be credited? $\ \square$ YES $\ \square$ NO |
| Monthly Rent Amount(s): \$ | Security Deposit Amount(s): \$ |
| Mortgages (including equity lines or lines of cre | dit) or Liens on the property? $\ \square$ YES $\ \square$ NO |
| Lender: | Account Number: |
| Lender: | Account Number: |
| HOA on property? \square YES \square NO If yes | s, Contact Name, Phone, Email: |
| Tax Proration: Long Short | |
| Seller Paid Closing Costs: \$ or | % Is seller contributing to Owner's Policy? ——————————————————————————————————— |
| Name of Water Servicer: | Name of Trash Servicer: |
| Seller's Agent Commission: \$ or | % Buyer's Agent Commission: \$ or% |
| Compliance fee/Additional Commission/Proces | sing Fee? □YES \$ □NO |
| Invoices to be paid (please send copies of all inv | |
| Amount \$ Payable to: | |
| | Paid by: Buyer Seller |
| Amount \$ Payable to: | Paid by: 🗆 Buyer 🖂 Seller |
| Broker License Number : | Agent License Number: |

FUNDS DISBURSED TO SELLERS WILL BE OUT THE SAME WAY THAT THEY HOLD TITLE. FOR WIRES SELLERS MUST PRODUCE AN ORIGINAL VOIDED CHECK OR A BANK STATEMENT SHOWING THE ACCOUNT NAME THE SAME WAY THAT THEY HOLD TITLE.

PLEASE RETURN THIS COMPLETED FORM TO ROMA@PARTNERSLANDTITLE.COM OR FAX TO 866-594-2729