



3033 Kettering Blvd., Ste 110,
Dayton, OH 45439
Phone (937)424-5457 Fax(866)594-2729 Text (937)745-1143

SELLER INFORMATION

Your Name: _____ Property Address: _____

Seller's Name(s): _____ Social Security Number: _____

Marital Status: UNMARRIED MARRIED HUSBAND AND WIFE SEPARATED

Name of Spouse: _____ Social Security Number: _____

****A Seller's spouse must attend closing to release Dower Rights. Please contact us with questions.****

Phone: _____ Email: _____

Is Seller currently occupying the property? YES NO

If not, Current Mailing Address: _____

Will seller and spouse attend closing? YES NO **If not, please contact us to make arrangements ASAP.**

Is property tenant occupied? YES NO Rent's and Deposits to be credited? YES NO

Monthly Rent Amount(s): \$ _____ Security Deposit Amount(s): \$ _____

Mortgages (including equity lines or lines of credit) or Liens on the property? YES NO

Lender: _____ Account Number: _____

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HOA on property? YES NO If yes, Contact Name, Phone, Email: _____

Tax Proration: Long Short _____

Seller Paid Closing Costs: \$ _____ or _____ % Is seller contributing to Owner's Policy? YES NO Amount: _____

Name of Water Servicer: _____ Name of Trash Servicer: _____

Seller's Agent Commission: \$ _____ or _____ % Buyer's Agent Commission: \$ _____ or _____ %

Compliance fee/Additional Commission/Processing Fee? YES \$ _____ NO

Invoices to be paid (please send copies of all invoices to our office):

Amount \$ _____ Payable to: _____ Paid by: Buyer Seller

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