

## **SELLER INFORMATION – TRUST**

Your Name:	Property Address:
Name of Trust:	EIN Number:
Name of Trustee(s): **PLEASE FORWARD A COPY	Y OF THE TRUST DOCUMENTS OR MEMORANDUM OF TRUST FOR OUR REVIEW.**
Phone:	Email:
Is Seller currently occupying the proper	ty? □ YES □ NO
If not, Current Mailing Address:	
Will Trustee(s) attend closing?   VES	S $\square$ 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 line	es of credit) or Liens on the property? $\ \square$ YES $\ \square$ NO
Lender:	Account Number:
Lender:	Account Number:
HOA on property? ☐ YES ☐ NO	If yes, Contact Name, Phone, Email:
Tax Proration:   Long   Short	
Seller Paid Closing Costs: \$o	r % 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?
Invoices to be paid (please send copies	
	Paid by: Buyer Seller
	Paid by: □ Buyer □ Seller Paid by: □ Buyer □ Seller
Amount 3 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