Partners Land Title Agency, LLC
"Your Partners in the Business"

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

SELLER INFORMATION – ESTATE

Your Name: _____ Property Address: _____

Name of Estate: _____ EIN Number: _____

Name and Title of person signing on behalf of the Estate: _____

Phone: _____ Email: _____

Estate Attorney Name and Contact info: _____

Signer's Current Mailing Address: _____

Will Signer(s) 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 Jayda@PARTNERSLANDTITLE.COM OR FAX TO 877-784-8571