

McLain & Merritt, P.C.

Real Estate Division

Seller Information Form – Purchase

For office use only:

File Number: _____
Closer: _____

Pre-Closer: _____
Attorney: _____

CLOSING DETAILS

PROPERTY ADDRESS: _____

City: _____ State: _____ Zip: _____ County: _____

If known: Subdivision _____ Land Lot _____ District _____ Lot _____

Projected Closing Date: ____/____/____

Office Location: 3445 Peachtree Road, Suite 500
Atlanta, Georgia 30326

Type of Closing: Purchase/Sale Construction-Permanent Commercial

Please email form to: kkey@mcclain-merritt.com or fax to: 404-364-3134

PLEASE BE SURE TO FILL OUT COMPLETELY and FAX/EMAIL ALL PAGES TO EMAIL ADDRESS / PHONE NUMBER ABOVE – THANK YOU!

PURCHASER INFORMATION

Purchaser's Name: _____

SELLER'S INFORMATION

Please provide McLain and Merritt, PC with at least one phone number and one email address. Thank you!

Seller 1: _____

Phone (H): _____ (W): _____ (C): _____

Preferred Email Address: _____

Seller 2: _____

Phone (H): _____ (W): _____ (C): _____

Preferred Email Address: _____

****PLEASE PROVIDE COPY OF YOUR OWNER'S TITLE INSURANCE POLICY THAT WOULD HAVE BEEN ISSUED AT YOUR PREVIOUS PURCHASE CLOSING ON THIS PROPERTY.**

Was this the seller's primary residence? Yes No If not, is Seller a GA resident? Yes No

Seller 1's Social Security Number: _____ - _____ - _____ Seller 2's Social Security Number: _____ - _____ - _____

Seller's Forwarding Address: _____

City: _____ State: _____ Zip: _____

HOMEOWNER ASSOCIATION INFORMATION

Does this property have MANDATORY Homeowner's Association Dues? Yes No—if no, you can skip this section.

Management Company Name: _____

Contact Name: _____ Phone: _____ Initiation Fee: Yes-- \$ _____ No

Amount due:\$ _____ Annual Monthly Quarterly

SELLER PAYOFF INFORMATION

First Mortgage:

Bank Name: _____ Loan Number: _____

Contact Person: _____ Contact Phone Number: _____

****PLEASE BE SURE TO SIGN WHERE NOTATED ON THE FOURTH PAGE IF YOU HAVE A PAYOFF - WE WILL FILL OUT THE REST OF PAGE FOUR AT OUR OFFICE - THANK YOU****

Additional Mortgage: (2nd, Home Equity Line, etc.) **** NOTE: EVEN IF HOME EQUITY LINE HAS A ZERO BALANCE.**

Bank Name: _____ Loan Number: _____

Contact Person: _____ Contact Phone Number: _____

Other liens or information (i.e. is property in the name of a trust?, is the seller deceased?) : _____

HOME WARRANTY INFORMATION

Home Warranty: Yes No Company Name: _____

Contact Name: _____ Phone: _____

Who is requesting it? Listing Agent Selling Agent Paid by: Purchaser Seller

Is there a septic tank or well on the property?

If yes, the seller may be required to obtain an inspection on the septic and/or well. Please call our office to verify.

AGENT INFORMATION

Listing Agent's (agent of seller) Name: _____

Company: _____

Phone: (O) _____ (C) _____ (Fax) _____

Preferred Email Address: _____

Selling Agent's (agent of buyer) Name: _____

Company: _____

Phone: (O) _____ (C) _____ (Fax) _____

Preferred Email Address: _____

SPECIAL REQUIREMENTS REGARDING THIS CLOSING (Estate, PoA needed, divorce, relocation, etc.)

Will all sellers be attending the closing? Yes No

Will any party be using a Power of Attorney at closing? Yes No

Name of person NOT attending the closing? _____

Full name of person acting as attorney-in-fact- _____
If the party would like us to draft the Power of Attorney, please contact our office. Our fee is \$75.00 to draft the document plus the cost to record it. If the party would like to prepare their own Power of Attorney, the Power of Attorney must be faxed to our office for review 48 hours PRIOR to closing, along with a photocopy of the driver's license of the purchaser not attending the closing.

Additional Details on any other special requirements (i.e. is this property in an estate or trust): _____

ADDITIONAL CLOSING DETAILS

- Each party MUST bring their driver's license (or other form of picture ID) to closing.
- Purchaser's or Seller's funds to close must be in the form of either a cashier's check or a certified check made payable TO ONESELF. Please also bring a personal check with you in case there is any change in the amount. OR if purchaser or seller would like to wire funds directly to McLain and Merritt's Escrow Account, please check the box below if you wish for McLain and Merritt to send you wiring instructions.
- Please send wiring instructions to: _____
Email or fax number

McLain & Merritt, P.C.

Real Estate Division
3445 Peachtree Road, N.E. , Suite 500
Atlanta, GA 30326
(404) 266-9171

For office use only:

File Number: _____
Closer: _____

Pre-Closer: _____
Attorney: _____

TO: _____
FAX #: _____

ATTN: PAYOFF DEPARTMENT

Please Fax a Written Payoff to 404-364-3134

Borrowers: _____

Loan Number: _____

Property Address: _____

Payoff Good through: _____

Closing is scheduled for _____

If you should have any questions, please do not hesitate to contact us at the telephone number listed above.

Sincerely,

MCLAIN & MERRITT, PC REAL ESTATE DIVISION

THIS SHALL SERVE AS AUTHORIZATION FOR THE RELEASE OF A WRITTEN PAYOFF STATEMENT TO McLain & Merritt, P.C.

X _____
Borrower 1 Name: _____
SOCIAL SECURITY NUMBER: _____

X _____
Borrower 2 Name: _____
SOCIAL SECURITY NUMBER: _____