

McLain & Merritt, P.C.

Real Estate Division

Refinance Information Form

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: ____/____/____

Type of Closing: Refinance Construction-Permanent CommercialPreferred Office Buckhead (please email form to: buckheadre@mclain-merritt.com or fax to: 404-364-3134)Location: Vinings (please email form to: buckheadre@mclain-merritt.com or fax to: 404-364-3134) Alpharetta (please email form to: mclainap@bellsouth.net or fax to: 770-200-7001)**PLEASE BE SURE TO FILL OUT COMPLETELY and FAX/EMAIL ALL PAGES TO EMAIL ADDRESS / PHONE NUMBER ABOVE – THANK YOU!****BORROWER'S INFORMATION***Please provide McLain and Merritt, PC with at least one phone number and one email address. Thank you!*

BORROWER1: _____

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

Borrower's SSN: _____ - _____ - _____

BORROWER2: _____

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

Borrower's SSN: _____ - _____ - _____

EMAILS: Primary _____ Secondary _____

****PLEASE PROVIDE COPY OF YOUR OWNER'S TITLE INSURANCE POLICY THAT WOULD HAVE BEEN ISSUED AT YOUR PREVIOUS PURCHASE CLOSING ON THIS PROPERTY.**Is this the borrower's primary residence? Yes No - if not, what is the borrower's mailing address:

Borrower's Mailing Address: _____

City: _____ State: _____ Zip: _____

INSURANCE INFORMATION

Homeowner's Insurance Company: _____ Policy #: _____

Contact Person: _____ Telephone: _____

Premium amount: \$ _____ Paid at closing Paid prior to closing*Purchaser must fax the Declarations page and a bill or paid receipt to our office prior to closing and bring the originals to closing. Please contact your lender to verify the amount of coverage required and the wording of the loss payee clause.*Is this property a condominium? Yes No*If yes, an insurance certificate must be faxed to our office prior to closing and the original certificate must be brought to closing. This information can be obtained from your Condo Association or Management Company of the Association.*

LENDER INFORMATION

Company: _____

Loan Officer/Client Manager: _____ Phone: _____

Loan Amount: \$ _____

Are you refinancing with the same company that you took out your original mortgage with? Yes No

PAYOFF INFORMATION

First Mortgage:

Bank Name: _____ Loan Number: _____

Contact Person: _____ Contact Phone Number: _____

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

Additional Mortgage: (2nd, Home Equity Line, etc.) – PLEASE NOTE EVEN IF HOME EQUITY LINE HAS A ZERO BALANCE. ALSO, PLEASE NOTE IF YOU WILL BE CLOSING THIS LINE OR KEEPING IT OPEN AND SUBORDINATING.

Bank Name: _____ Loan Number: _____

Contact Person: _____ Contact Phone Number: _____

Will this HELOC be kept open? No Yes, it will stay open and be subordinated

Other liens or information: _____

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

Will all Borrower(s) be attending the closing? Yes No

Will Borrower(s) 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: _____

ADDITIONAL CLOSING DETAILS

PLEASE NOTE: In the event you voluntarily cancel this title order, McLain & Merritt, P.C. will bill you for the title and tax search fees.

Each party MUST bring their driver's license (or other form of picture ID) to closing.

Borrower'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

If you would like to add a person not on the loan to be on title with you or alone, please state how they would like to be on title and their complete name.

Name to be added in addition to name on loan (please print) _____

Joint with Rights of Survivorship - if one of the parties die, title to the property automatically passes to the surviving joint tenant.

Tenants in Common – if one of the parties dies, his/her interest in the property passes according to his/her will or laws of intestacy.

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: _____ | Pre-Closer: _____ |
| 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: _____