

704.872.6242 **7**04.872.6246 info@alancarpenter.net



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Property address or lot/subdivision for s	ale:
	idual Seller(s) Seller is an individual obt operating from a entity.
ELLER	
ull Legal Name: (First, MIDDLE, LAST) arital Status:	For estate properties, please provide Seller Information for each heir on page 2.
ocial Security Number: pr IRS FORM 1099-s pouse Name: married	If Seller proceeds are to be divided between multiple parties, please use the chart on page 2 to provide a breakdown showing what percentage
ailing Address: (AFTER CLOSING)	or total amount each will receive.
mail Address:	
	D SELLERS: Your spouse will be required d, even if He/She doesn't appear on the title.
Eı	ntity Seller
corpor	Seller is a ation, LLC, trust, or other entity.
ull Legal Name of Entity	EIN/TPIN
PHONE	EMAIL

NAME State of Origin of LLC

NAME

Current Mailing Address

TITLE

TITLE



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Primary Estate Property Heirs

Full Legal Name: (First, MIDDLE	, LAST)	Full Legal Name: (First, Middle, L	AST)
Phone #:		Phone #:	
Email Address:		Email Address:	
Seller Proceeds Dividen: (% o	DR \$)	Seller Proceeds Dividen: (% or	\$)
Full Legal Name: (First, MIDDLE	, LAST)	Full Legal Name: (First, Middle, L	AST)
Phone #:		Phone #:	
Email Address:		Email Address:	
Seller Proceeds Dividen: (% o	DR \$)	Seller Proceeds Dividen: (% or	\$)
Full Legal Name: (FIRST, MIDDLE	, LAST)	Full Legal Name: (First, Middle, L	AST)
Phone #:		Phone #:	
Email Address:		Email Address:	
Seller Proceeds Dividen: (% o	DR \$)	Seller Proceeds Dividen: (% or	\$)

Secondary Estate Property Heirs

Recipient Legal Name:	Phone #:	Percentage or Amount:



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Mortgage Information

We must contact ALL of your mortgage servicers in advance of closing in order to obtain payoff statement(s) for any outstanding mortgage(s) on the property. Please provide the needed contact information below. It is possible that we will require your assistance to obtain payoff(s), as some mortgage servicers will not release information directly to closing attorneys or title companies. **Failure to timely provide this information may delay closing.**

T _{st}	Name:	Loan Number:		
MORTGAGE LENDER	Phone Number:	Approximate Balance: \$		
2 nd Name:		Loan Number:		
property being so		Approximate Balance: \$ der to provide payoff information for mortgage(s) secured by the A. Payoff statements should be faxed to (704)872.6246. I/We on of a payoff statement.		
SELLER:	SELLER: SPOUSE:			
**T	his page must be physically signed, scanned, a	nd returned.Please do not electronically sign this page.		
	Manufact	ured Home		
Is there a Ma	nufactured Home on the property?	YES NO		
Do you have	the Title for the property?	YES NO ** IF YES, provide a copy.		
	Н	OA		
Is there a Ho	meowner's Association for the prop	perty? YES NO ** IF YES, please provide the following below.		
Name of Asso	ociation or Management Company:			
Contact Pers	on:	Amount of Dues: \$		
Contact Phor	ne or Email:	Frequency of Dues:		
	Agent In	formation		
Is the proper	ty listed with a Real Estate Agent?	YES NO ** IF YES, please provde the following below		
Listing Agent	Name:	Firm:		
Selling Agent	Name:	Firm:		
Commisio	on Split: Listing Agent	% Seller Agent %		



Will any invoices or repairs be paid at closing?

316 E Broad St. Statesville, NC 28677

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Miscellaneous

YES

				soon as they become available.
_	rou lived in the home for at least of 5 years?	YES	NO	
Are the	ere any judgments or tax liens to be paid sing?	YES	NO	** IF YES, please email/fax payoff information to us.
Is this	the sale of your primary residence?	YES	NO	
Do you	ı plan to attend closing?	YES	NO	
are do	do not plan to attend closing, cuments to be emailed? If so, a harge will apply as a "Mail Away" fee.	YES	NO	** IF YES, provide email below:
	Seller Do	cument elect one	ts	
	I would like to employ Alan G. Carpenter, PA to pre Documents. The attorney's fees shall be \$350. The mail deliveries. The preparation of Seller Documen request to sign documents at a time other than the additional document preparation fee of \$75.	ere may be addition ts does not estal	onal charge blish an att	es for wire transfers or overnight torney-client relationship. If I
	I would like to employ my own attorney to prepare due to your attorney on the Settlement Statement			iments. We will collect the fee
	Attorney Name:	Firm:		
	Delivery F Consider section carefully. Once selected, you			ter confirmation.
	I would like to pick up a trust account check for the proceeds of sale, at the office of Alan G. Carpente has been completed and the deed has been regist at the following phone number when the check is	r, PA, after the clo ered. I can be co	osing ntacted	Phone:
	I would like my proceeds to be wired into a bank a a voided check, or I will fill out the following Wirin			Wiring Funds may take up to 48 hours.
	I would like my proceeds to be delivered to me by mail.	Addres City/State/Z		



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Wiring Instructions

**Complete this form if you want funds wired after closing

My/Our Wiring Instructions are as follow: Name of Recieving Bank: ZIP State Mailing Address: City ABA/Routing Number: Account Number: **The Routing Number MUST be Fed Wire eligable. If uncertain, please check with your bank. Name(s) on Account: State ZIP Address associated with the account: City **IF not signed at our office, please have this form notarized. **Notary** Account Holder 1 Sworn to and subscribed before me, this the Sig. Day of 20 Name Notary Public (PRINT) Stamp/Seal Account Holder 2 My Commission Sig. Expires: Name Sig. (PRINT)



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Seller Authorization to Release

I/We, the undersigned, hereby ackowledge that the Alan G. Carpenter, PA office represents the undersigned with respect to my closing. Further, I/We authorize, Alan G. Carpenter, PA to release any documents related to my closing, included but not limited to my HUD/closing disclosure and mortgage payoff information.

SELLER	SPOUSE		
Sig.	Sig.		
Name (PRINT)	Name (PRINT)		
(FRINT)	(FRINT)		
Date	Date		