



Alan G.  
Carpenter, PA

316 E Broad St.  
Statesville, NC 28677

704.872.6242

704.872.6246

info@alancarpenter.net

# Seller Information

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Please fax or email this form back to our offices as soon as possible. Failure to return this form may delay closing.  
**IF THE REQUESTED INFORMATION IS UNKNOWN OR NOT APPLICABLE, PLEASE LEAVE THE BOX BLANK.**

Property address or lot/subdivision for sale:

## Individual Seller(s)

Seller is an individual  
not operating from a entity.

### SELLER

Full Legal Name: (FIRST, MIDDLE, LAST)

Marital Status:

Social Security Number:

FOR IRS FORM 1099-S

Spouse Name:

IF MARRIED

Mailing Address: (AFTER CLOSING)

Phone #:

Email Address:

For estate properties, please  
provide Seller Information for each  
heir on page 2.

If Seller proceeds are to be divided  
between multiple parties, inform  
our office as to the percentage  
breakdown.

**\*\*\*ALL MARRIED SELLERS: Your spouse will be required  
to execute the Deed, even if He/She doesn't appear on the title.**

## Entity Seller

Seller is a  
corporation, LLC, trust, or other entity.

Full Legal Name of Entity

EIN/TPIN

PHONE

EMAIL

Individual(s) authorized to sign on behalf of the entity who will attend closing:

NAME

TITLE

NAME

TITLE

State of Origin of LLC

Current Mailing Address



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## For Estate Properties: Estate Property Heirs

Full Legal Name: (FIRST, MIDDLE, LAST)

Phone #:

Email Address:

Seller Proceeds Division: (% OR \$)

Full Legal Name: (FIRST, MIDDLE, LAST)

Phone #:

Email Address:

Seller Proceeds Division: (% OR \$)

Full Legal Name: (FIRST, MIDDLE, LAST)

Phone #:

Email Address:

Seller Proceeds Division: (% OR \$)

Full Legal Name: (FIRST, MIDDLE, LAST)

Phone #:

Email Address:

Seller Proceeds Division: (% OR \$)

Full Legal Name: (FIRST, MIDDLE, LAST)

Phone #:

Email Address:

Seller Proceeds Division: (% OR \$)

Full Legal Name: (FIRST, MIDDLE, LAST)

Phone #:

Email Address:

Seller Proceeds Division: (% OR \$)



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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.**

<b>1<sup>st</sup> MORTGAGE LENDER</b>	Name: <input type="text"/>	Loan Number: <input type="text"/>
	Phone Number: <input type="text"/>	Approximate Balance: \$ <input type="text"/>

<b>2<sup>nd</sup> MORTGAGE LENDER</b>	Name: <input type="text"/>	Loan Number: <input type="text"/>
	Phone Number: <input type="text"/>	Approximate Balance: \$ <input type="text"/>

The Signatures below authorize the mortgage servicer or lender to provide payoff information for mortgage(s) secured by the property being sold to the closing agent, Alan G. Carpenter, PA. Payoff statements should be faxed to (704)872.6246. I/We understand there may be a fee associated with the generation of a payoff statement.

SELLER: <input type="text"/>	SPOUSE: <input type="text"/>
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**\*\*This page must be physically signed, scanned, and returned. Please do not electronically sign this page.**

## Manufactured Home

Is there a Manufactured Home on the property?  YES  NO

Do you have the Title for the property?  YES  NO

**\*\* IF YES, provide a copy.**

## HOA

Is there a Homeowner's Association for the property?  YES  NO

**\*\* IF YES, please provide the following below.**

Name of Association or Management Company:

Contact Person:  Amount of Dues: \$

Contact Phone or Email:  Frequency of Dues:

## Agent Information

Is the property listed with a Real Estate Agent?  YES  NO

**\*\* IF YES, please provide the following below**

Listing Agent Name:  Firm:

Selling Agent Name:  Firm:

Commision Split: Listing Agent  % Seller Agent  %



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## Miscellaneous

Will any invoices or repairs be paid at closing?

YES  NO

\*\* IF YES, please email/fax all invoices that are to be shown on the settlement statement, as soon as they become available.

Are there any judgments or tax liens to be paid at closing?

YES  NO

\*\* IF YES, please email/fax payoff information to us.

Is this the sale of your primary residence?

YES  NO

Do you plan to attend closing?

YES  NO

If you do not plan to attend closing, are documents to be emailed? If so, a \$150 charge will apply as a "Mail Away" fee.

YES  NO

\*\* IF YES, provide email below:

## Seller Documents

Please Select one

I would like to employ Alan G. Carpenter, PA to prepare the Deed, Owner Affidavit, and other Customary Seller Documents. The attorney's fees shall be \$550.00. There may be additional charges for wire transfers or overnight mail deliveries. The preparation of Seller Documents does not establish an attorney-client relationship.

I would like to employ my own attorney to prepare the Customary Seller Documents. We will collect the fee due to your attorney on the Settlement Statement if an invoice is provided.

Attorney Name:

Firm:

## Delivery Proceeds

Consider section carefully. Once selected, you will be unable to change after confirmation.

I would like to pick up a trust account check for the amount of the proceeds of sale, at the office of Alan G. Carpenter, PA, after the closing has been completed and the deed has been registered. I can be contacted at the following phone number when the check is ready for delivery.

Phone:

I would like my proceeds to be wired into a bank account. I will provide a voided check, or I will fill out the following Wiring Instructions Form.

\*\* Wiring Funds may take up to 48 hours.

I would like my proceeds to be delivered to me by mail.

Address:

City/State/ZIP:



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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 Receiving Bank:

Bank Location City  State  ZIP

ABA/Routing Number:

Account Number:

\*\*The Routing Number MUST be Fed Wire eligible. If uncertain, please check with your bank.

Name(s) on Account:

Address associated with the account:  City  State  ZIP

### Account Holder 1

Sig.

Name  
(PRINT)

### Account Holder 2

Sig.

Name  
(PRINT)

### Notary

\*\*IF not signed at our office, please have this form notarized.

Sworn to and subscribed before me, this the  Day of  20

Notary Public  
Stamp/Seal

My Commission  
Expires:

Sig.



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## Seller Authorizations

### RELEASE OF INFORMATION

I/We, the undersigned, hereby acknowledge that the Alan G. Carpenter, PA office is acting as the closing attorney with respect to our closing. I/We authorize Alan G. Carpenter, PA to obtain mortgage payoffs from mortgage servicers, and to release documents related to the closing to participating real estate agents, if any.

### ACCOUNTING FOR SMALL SUMS

Due to varying ways of calculating recording fees, daily interest, prorations, etc., there are occasions in which there will be small amounts of shortfall or overage of funds collected or disbursed. In order to reduce the need to account for small sums, it is agreed that Alan G. Carpenter, P.A. shall pay any deficiencies of up to \$25.00, and shall retain as an additional fee any overages of up to \$25.00, as to seller funds. Uncashed disbursement checks shall be subject to an annual dormancy fee of \$25.00 per check.

#### SELLER

Sig.

Name  
(PRINT)

Date

#### SPOUSE

Sig.

Name  
(PRINT)

Date