

SHAFRITZ & DEAN, LLC

ATTORNEYS AT LAW

The Law Office of Shafritz & Dean, LLC is handling your closing. In order to facilitate the closing process, please complete this questionnaire in it's entirety and fax to **404-943-0084** ASAP. All requested information is **NECESSARY** and vital to close the transaction in a timely manner. Please return this worksheet together with the termite report and a final executed contract. Contact us with any questions **404-255-8183**

PROPERTY ADDRESS: _____

SELLER(s): _____ SS# _____

SELLER(s): _____ SS# _____

TELEPHONE: (WORK) _____ (HOME) _____

Email address: _____

Forwarding Address) _____

City, State, Zip _____

Payoff Information:

1st MTG

Lender's name: _____

Loan Number: _____ Phone#: _____

2nd MTG (if applicable)

Lender's name: _____

Loan#: _____ Phone #: _____

(Add a continuation sheet in the event there are additional mortgages against the property)

Termite Company:

Company: _____ Cost \$ _____ upfront or @ closing

Homeowner's Association: Mandatory Yes or No

Name of Association: _____

Name of Management Co: _____

Contact Person: _____ Phone#: _____

Home Warranty: YES or No

Company: _____

Premium: \$ _____ Paid By: _____

Authorization

The undersigned hereby authorizes Shafritz & Dean, LLC to obtain payoff information any lending institution.

-Signature

-Signature