

TitleSmart, Inc.

SELLER SIDE CLOSING WORKSHEET

Sales Price: \$ _____

Closing date: _____ Time preference: _____

Property address: _____

City/State: _____ Zip _____

Total Commission %: _____ Based on: \$ _____

Broker Admin fee: YES NO

Earnest Money: \$ _____ (attach copy of check)

Seller Paid Closing Costs: YES NO
IF YES: ____% or Flat Amount: \$ _____

SELLER INFORMATION:

(If different from Subject Property)

Current Address: _____
City/State: _____ Zip _____

Forwarding Address: _____
City/State: _____ Zip _____

Seller at Closing: YES NO
If NO: Presign Appt Overnight Docs
Phone: _____
Email: _____

Mortgage Info: Free & Clear 1st Mortgage 2nd Mortgage
Last digits of Social Security Number: _____

1st Mortgage:
Company Name: _____
Loan Number: _____

2nd Mortgage:
Company Name: _____
Loan Number: _____

Additional Mortgages:
Company Name: _____
Loan Number: _____

(continued)

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Homeowners Association: YES NO

Association name: _____
Contact: _____
Phone: _____

Dues Paid: Monthly Quarterly Yearly
Dues Amount: _____

Title is Held in:	Seller(s) Name	Trust	Corporation	Other
If Other:	_____			

Title Evidence:	TORRENS	ABSTRACT	PRIOR POLICY
Abstract Location:	_____		
Prior Policy-Title Company Name:	_____		

Buyer(s) Title Company:

Company Name: _____
Closer: _____
Address: _____
City/State: _____ Zip _____
Phone: _____ Fax: _____

Invoices and Other Bills: _____

Home Warranty:	YES	NO	POC
Paid by:	SELLER	AGENT	OTHER
Other:	_____		

Water Test: YES NO POC
If YES, attach invoice

Septic Inspection: YES NO POC
If YES, attach invoice

Other Bills to be paid at closing: YES NO
If YES, attach invoice

Addition information
