

Crabtree Law Group, P.A.

ATTORNEYS AND COUNSELORS AT LAW

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A.M. CRABTREE, JR.
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R.R. CRABTREE
(1955-2017)

TELEPHONE (904) 732-9701
TELECOPIER (904) 732-9702

SELLER INFORMATION FORM

Dear Property Owner,

Thank you for choosing Crabtree Law Group as your title insurance and closing agent. We appreciate your business! Listed below are items of information needed by us regarding the sale of your home that will help us expedite the processing of your transaction. If you have any questions or concerns while filling out this form or at any time during the process, please call our office.

****IF SOMETHING DOES NOT APPLY TO YOU PLEASE TYPE "N/A"****

► **Property Address:** _____

► **Seller #1**

Name: _____ Marital Status: _____

If Married, spouses name: _____

Preferred Phone #: _____ E-mail Address: _____

Social Security Number: _____ U.S. Citizen? (Yes/No): _____

► **Seller #2**

Name: _____ Marital Status: _____

If Married, spouses name: _____

Preferred Phone #: _____ E-mail Address: _____

Social Security Number: _____ U.S. Citizen? (Yes/No): _____

► **Forwarding address after Closing:**

► **Is this your primary residence / homestead property for tax purposes: (Yes/No):** _____

▶ Existing mortgage(s) including any Home Equity Loans even if they have a zero balance.

1st Bank/Mortgage Company: _____

Loan number: _____ Phone: _____

2nd Bank/Mortgage Company: _____

Loan number: _____ Phone: _____

▶ Homeowner's association or condominium association.

Name of Association: _____

Management Company: _____

Contact: _____ Phone: _____

▶ Will you be attending the Closing? (Yes/No): _____

▶ If you are not attending closing, do you have access to a Notary? (Yes/No): _____

THIS IS AN ADDITIONAL COST

▶ Has there been a death to any property owners since the property was purchased?
(Yes/No): _____

▶ Would you like your proceeds wired to you after closing? (Yes/No): _____

*If you would like your proceeds wired to you after closing,
please note that we have an outgoing wire fee of \$35.00

**We appreciate you taking the time to
complete this form!
-The Crabtree Law Team**

Crabtree Law Group, P.A.

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PAYOFF AUTHORIZATION:

Owner(s) Name: _____ Last 4 of SS#: _____

Property Address: _____

Mortgage Company: _____ Loan Number: _____

Payoff Request Good Through Date: _____

*This date should be 30 days from today's date

I hereby authorize Crabtree Law Group, P.A. to request this payoff on my behalf.

Mortgage Holder

Mortgage Holder

Attention Payoff Department:

Please send a payoff good through the date referenced above ASAP. This can be sent via email to MLB@crabtreefirm.com or via fax 904-732-9702.

Thank you,

Morgan Bass
Crabtree Law Group, P.A.