

Emerald Coast Title Services, Inc.

2050 County Hwy 30-A, W. Suite M1109

Santa Rosa Beach, Fl 32459

Phone:850-650-0077 Fax:850-650-0011

File Number: 13-0080 R

Buyer(s) Names: _____

From: Amy Davis 850-213-0357

Legal and/or Property Address:

Dear :

We are handling the above closing and need the following information. Please complete all information and return, by fax if possible, at your earliest convenience.

Please print or type:

BUYERS NAME AS TAKING TITLE	MARITAL STATUS
_____	_____
_____	_____
_____	_____

Will you be present for closing? YES _____ NO _____

If not, we will need a physical street address and phone number for overnight delivery (if a work address, please indicate company name).

*****For your convenience, a MOBILE NOTARY can be appointed to bring your closing documents to you for signature and notarizing. A charge of _____ will be added to your closing expenses*****

****Please call us if you wish to make an appointment with a Mobile Notary****

If this transaction is not a cash sale, please indicate your new lenders name, phone number and contact person:

Hazard (Home Owners) Insurance Information (agent, phone number):

Please list phone and fax numbers where you may be reached during the day.

Home: _____ Work: _____ Email: _____

Fax: _____ Other: _____