

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

SELLERS INFORMATION	File Number:
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Legal Address:

Property Address:

FROM: **EMERALD COAST TITLE SERVICES, INC**

ATTN: Valerie Brunson or Amy Davis

FAX: 850-650-0011

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:

SELLERS NAME	MARITAL STATUS
_____	_____
_____	_____

Do you have an existing survey? YES ___ NO ___ If yes, please provide a copy.

Is the property being sold the Seller(s) primary residence? YES ___ NO ___

Please provide us with a physical mailing address where you would like to receive your closing documents.

Email address _____

Home Phone #: _____	Office Phone #: _____
Fax Phone #: _____	Cell Phone #: _____

Will the Sellers be present for closing? YES ___ NO ___

If the Sellers will not be present for closing we will need a physical street address for overnight delivery (please indicate if this is a work address with company name)

Phone # for overnight address: _____

PAYOFF INFO: If there is an existing mortgage(s) on the property, please give the name of all the mortgage holders, loan numbers and phone numbers:

HOA INFORMATION: Name of Association _____

Contact _____ Telephone _____ FAX _____

Please provide us with a copy of your existing **Owners Title Insurance Policy**. If you should have any questions, please feel free to contact our office at the number above.

COMMISSION PAYABLE: (Total) _____

Listing _____ Selling _____