

LAW OFFICE OF SAM J. SAAD III

2670 Airport Road S., Naples, FL 34112
P: (239) 963-1635 | F: (239) 791-1208
Info@SaadLegal.com | www.SaadLegal.com

Seller Information Form

Thank you for allowing the Law Office Sam J. Saad III to help you with the sale of your property. We are asking you for this information so that we can close your transaction quickly and efficiently. **Per Florida state law, all of the information will be kept strictly confidential.**

Please circle the appropriate answers and fill in all of the blanks to the best of your ability. Upon completion of this form please fax to (239) 791-1208 or email to Info@SaadLegal.com

Should you have any questions or need assistance completing this form, please contact a Law Office of Sam J. Saad III team member at (239) 963-1635.

We look forward to working with you, and thank you for the opportunity to be of service.

Property Address: _____

Please send a clear copy of your driver license or passport with this form

1. SELLER'S NAME: _____

Please provide exact name as printed on driver's license

GENDER: MALE/ FEMALE MARITAL STATUS: MARRIED/ SINGLE/WIDOW

SOCIAL SECURITY NUMBER: _____

PHONE: _____ CELL: _____

EMAIL: _____

POST CLOSING ADDRESS: _____

This is the address we will send all of your documents to after closing

2. SELLER'S NAME: _____

Please provide exact name as printed on driver's license

GENDER: MALE/ FEMALE MARITAL STATUS: MARRIED/ SINGLE/WIDOW

SOCIAL SECURITY NUMBER: _____

PHONE: _____ CELL: _____

EMAIL: _____

POST CLOSING ADDRESS (IF DIFFERENT THAN ABOVE): _____

This is the address we will send all of your documents after closing

3. WILL YOU BE PRESENT FOR CLOSING? YES NO

4. IS THE PROPERTY THAT YOU AR SELLING HELD IN A TRUST? YES NO
If yes, please provide a copy of the ENTIRE trust

5. ARE ANY OF THE PEOPLE ON THE DEED DECEASED? YES NO
If yes, please provide us with the ORIGINAL death certificate

6. WILL YOU BE USING A POWER OF ATTORNEY FOR CLOSING? YES NO
If yes, please send us the ORIGINAL Power of Attorney as soon as possible

7. IS THIS PROPERTY YOUR HOMESTEAD? YES NO
If no, please list your primary residence below

8. CURRENTLY OR RECENTLY GONE THROUGH A DIVORCE? YES NO
If yes, what is the status?

9. ARE YOU AWARE OF ANY LIENS OR JUDGEMENTS AGAINST YOU? YES NO
If yes, please list them: _____

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10. ARE THERE MORTGAGES ON THE PROPERTY? YES NO

*If yes, please complete mortgage holder information below
Please also complete and return the Third Party Authorization form on page 6*

FIRST MORTGAGE HOLDER:

BANK NAME: _____

LOAN NUMBER: _____

CUSTOMER SERVICE PHONE NUMBER: _____

Please include a copy of your last mortgage statement with this form

SECOND MORTGAGE HOLDER:

BANK NAME: _____

LOAN NUMBER: _____

CUSTOMER SERVICE PHONE NUMBER: _____

Please include a copy of your last mortgage statement with this form

11. HOW OFTEN DO YOU PAY YOUR PROPERTY TAXES?

ANNUALLY/QUARTERLY/MORTGAGE COMPANY PAYS

12. DO YOU PAY DUES TO A HOA/CONDO.ASSOCIATION? YES NO

If yes, please complete association information below

MASTER/CONDO ASSOCIATION:

NAME: _____

PHONE: _____ FAX: _____

HOW MUCH DO YOU PAY: \$ _____

HOW OFTEN? MONTHLY/QUARTERLY/ANNUALLY

NEIGHBORHOOD ASSOCIATION:

NAME: _____

PHONE: _____ FAX: _____

HOW MUCH DO YOU PAY: \$ _____

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HOW OFTEN? MONTHLY/QUARTERLY/ANNUALLY

COUNTRY CLUB/OTHER ASSOCIATION:

NAME: _____

PHONE: _____ FAX: _____

HOW MUCH DO YOU PAY: \$ _____

HOW OFTEN? MONTHLY/QUARTERLY/ANNUALLY

13. HAVE YOU MADE ANY MAJOR IMPROVEMENTS TO THE PROPERTY? YES NO

If yes, please list them:

14. IS THIS A SHORT SALE? YES NO

15. DO YOU HAVE A TITLE INSURANCE POLICY? YES NO

Issuing Company Name: _____

Please fax or email a copy of the policy IMMEDIATELY. If your contract is a NABOR contract, you have 10 days to provide this policy

16. DO YOU HAVE A SURVEY? YES NO

What is the name of the company that prepared survey?

Please include a copy of your survey with this form

17. DO YOU HAVE TENANTS THAT LEASE THE PROPERTY? YES NO

If yes, please forward a copy of the lease agreement as soon as possible

18. TO WHOM DO YOU MAKE YOUR WATER/SEWER BILL PAYMENT?

Company Name: _____

Phone: _____ Average Amount Due: \$ _____

How Often: MONTHLY/QUARTERLY/ANNUALLY

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19. HOW DO YOU WANT TO RECEIVE YOUR PROCEEDS FROM THE SALE?

CHECK (It will be mailed to the post-closing address above. It may take up to 7-10 days to clear your account)

WIRE (please complete the information below)

Bank Name: _____

Account Name: _____

Address: _____

This is the address linked to the account listed above

Account No: _____ Bank Routing No: _____

We do not charge to send a wire but your bank may charge to receive a wire

ADDITIONAL INFORMATION:

I /we, the undersigned, hereby certify that all of the information provided on this Seller Information Form is true, correct and accurate to the best of our knowledge. I/we also acknowledge that providing false information in an attempt to commit fraud could subject us to state and federal criminal and civil penalties.

Pursuant to Florida Statute 626.954, I/we agree to reimburse the Law Office of Sam J. Saad III for any monetary advances made on my/our behalf for items, including but not limited to, estoppels, lien searches, application fees, etc.

Seller DATE: _____

Seller DATE: _____

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THIRD PARTY AUTHORIZATION

Borrower Name(s): _____

Property Address: _____

Mortgage Holder: _____

Loan Number: _____

I/We, the above named borrower(s) authorize the above named Mortgage Holder to discuss specific account information regarding the above referenced loan with Sam J. Saad III, Jason Sizemore, Amanda Gunter, Kristine Kokinda, Amy Saad or Amy Willis of the Law Office of Sam J. Saad III, until revoked.

In giving my/our authorization, I also release the Law Office of Sam J. Saad III, its officers, agents and employees of any liability arising as a result of this authorization.

Borrower's Signature ***_**_ _____
Last 4 of SSN Date

Co-Borrower's Signature ***_**_ _____
Last 4 of SSN Date