

PHONE: (941) 256-3965

229 PENSACOLA ROAD
VENICE, FLORIDA 34285**REQUEST FOR TITLE CLOSING**

STEVEN W. LEDBETTER, ATTORNEY AT LAW

FAX: (941) 866-7514

SLEDBETTER@SWLLAW.COM
WWW.SWLLAW.COM

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|--|---|---|---|
| GENERAL INFORMATION | | Order Placed By: | Contact: |
| | | Sales Price: \$ | Closing Date: |
| PROPERTY INFORMATION | | | |
| Property Address: | | | County: |
| Brief Legal Description: | | | |
| PURCHASER If taking title in a trust, please provide a copy ASAP. If a Power of Attorney is to be used, the original will be required for recording. | | | |
| Name: | | | Marital Status: |
| Address: | | | Mail Away? |
| Phone: | Fax/Email: | SS# | |
| SELLER If holding title in a trust, please provide a copy ASAP. If a Power of Attorney is to be used, the original will be required for recording. | | | |
| Name: | | | Marital Status: |
| Address: | | | |
| SS#: | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Mail Away? |
| Home Phone: | Fax: | Email: | |
| AGENTS, COMMISSION, EARNEST MONEY, AND HOME WARRANTY INFORMATION | | | |
| Selling Agent: | | Company: | |
| Office Phone: | Cell Phone: | Fax: | |
| Listing Agent: | | Company: | |
| Office Phone: | Cell Phone: | Fax: | |
| Total Commission: % Split: / | Selling Agent Commission: \$ | Listing Agent Commission: \$ | |
| Earnest Money Held By (<i>attach evidence</i>): | | Amount: \$ | |
| Transaction Fee Paid by Buyer: \$ | | Transaction Fee Paid by Seller: \$ | |
| Home Warranty Company: | | Amount: \$ | Charge to: |
| CLOSING LOCATION: <input type="checkbox"/> Our Venice Office <input type="checkbox"/> Your Office <input type="checkbox"/> Borrower's Home <input type="checkbox"/> Seller's Home <input type="checkbox"/> Other – Please Specify: | | | |
| MORTGAGE PAYOFF INFORMATION | | | |
| Lender: | Loan #: | Being Assumed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address: | | Phone: | |
| Lender: | Loan #: | Being Assumed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address: | | Phone: | |
| FINANCING INFORMATION | | | Phone: |
| Lender: | Contact: | Fax: | |
| Insurance Agent: | Contact: | Phone/Fax: | |
| HOMEOWNER, CONDOMINIUM ASSOCIATION INFORMATION | | | |
| Master Association: | | Phone: | Contact: |
| Community Association: | | Phone: | Contact: |
| MISCELLANEOUS INFORMATION | | | |
| Copy of Contract & Addenda Attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No | Copy of Prior Owner(s) Policy Attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No | Buyer/Seller Cost Breakdown Attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prior Survey Attached <input type="checkbox"/> Order New Survey |
| SPECIAL INSTRUCTIONS FOR TITLE AGENT: | | | |

WE WILL MEET OR BEAT ANY OTHER TITLE QUOTE RECEIVED. – Thank You Very Much for Your Order!