



CLOSING ATTORNEY'S INFORMATION SHEET

ATTORNEY NAME: _____

ATTORNEY ADDRESS: _____

ATTORNEY PHONE/FAX NO: _____ **PH./FAX NO:** _____

PROPERTY DESCRIPTION:

Lot _____ Block _____ Section _____ Subdivision _____

Address _____

Tax Map # _____ City _____ Zip _____

County of _____, State of South Carolina.

BUYER'S NAME(S) AND ADDRESS:

_____ **TELEPHONE NO.:** Office _____
_____ Home _____

SOCIAL SECURITY NUMBERS: His: _____ Hers: _____

SELLER'S NAME(S) AND ADDRESS:

_____ **TELEPHONE NO.:** Office _____
_____ Home _____

SOCIAL SECURITY NUMBERS: His: _____ Hers: _____

IF TRANSACTION IS TO BE HANDLED THROUGH THE U.S. MAIL, PLEASE INDICATE WHETHER SELLER'S AND/OR BUYER'S DOCUMENTS ARE TO BE MAILED:

BUYER'S: _____ SELLER'S: _____

DOES BUYER DESIRE OWNER'S TITLE INSURANCE POLICY? _____

DOES SELLER WANT US TO PREPARE DEED? _____ DEEDED TO: _____

IS SURVEY REQUIRED? _____ IF SO, WHO ORDERS SURVEY? _____

IF PROPERTY IS UNDER TERMITE WARRANTY, WHO IS IT WITH? _____

IS CL-100 NEEDED? _____ NO _____ YES. IF YES, WHO WILL ORDER? _____

LOAN INFORMATION: LENDER: _____ TELEPHONE NO.: _____

MORTGAGE PAY-OFF INFORMATION: (FIRST MORTGAGE) LOAN ACCOUNT NO.: _____

APPROXIMATE AMOUNT OF LOAN: \$ _____ [] VA [] FHA []

CONVENTIONAL [] OTHER

INSURANCE AGENT: _____ TELEPHONE NO. _____

ASSUMPTION INFORMATION: LENDER: _____ TELEPHONE NO.: _____

MORTGAGE PAY-OFF INFORMATION: (FIRST MORTGAGE) LOAN ACCOUNT NO.: _____

APPROXIMATE AMOUNT OF LOAN: \$ _____ [] VA [] FHA []

CONVENTIONAL [] OTHER

INSURANCE AGENT: _____ TELEPHONE NO. _____

BROKERAGE INFORMATION: SELLING BROKER _____ AGENT: _____

TELEPHONE NO.: _____ FAX NO.: _____

TOTAL COMMISSION: \$ _____

LISTING BROKER: _____ AGENT: _____

TELEPHONE NO.: _____ FAX NO.: _____

DIVISION COMMISSION: \$ _____

PROPERTY MANAGER: Name: _____ Phone: _____

ADDITIONAL INFORMATION: (i.e., FED. ID # for Corporations, Property Managers, Special Conditions, etc.)

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