SELLER'S INFORMATION SHEET SAMPLE P

Seller 1:	_____	Seller 2:	_____
DOB:	_____	DOB:	_____
Address	_____	Address:	_____
	_____		_____
Home Phone #	_____	Home Phone #:	_____
Work Phone #	_____	Work Phone #:	_____
Cell Phone #:	_____	Cell Phone #:	_____
Fax No.:	_____	Fax No.:	_____
SS #:	_____	SS #:	_____
Email:	_____	Email:	_____

MARITAL HISTORY: Married? ☐ Yes ☐ No

Date of marriage: _____

Wife's Maiden Name: _____

Prior Marriage(s): ☐ Yes ☐ No

If yes, attach a copy of Judgment of Divorce)
If spouse deceased attach death certificate

ADDRESS OF SUBJECT PROPERTY

_____

_____

TYPE OF RESIDENCE

☐ Single Family ☐ Townhouse

☐ Condominium ☐ Co-op

☐ Multi-Family ☐ No. of Units

If the property is more than a one family dwelling, please give the following information on each apartment:

Name and apartment number of each tenant: _____

_____

_____

Is there a written lease? ☐ Yes ☐ No

Amount of rent and date on which same is due: _____

_____

Amount of Security Deposit, if any: _____

_____

What utilities does the tenant pay for: _____

_____

Which apartments if any, are to be delivered vacant at the time of closing?:_____

_____

1099 CERTIFICATION

I owned and used the residence as my principal residence for 2 or more years during the 5 year period ending on the date of the sale or exchange of the residence?

☐ Yes ☐ NO

I have not sold or exchanged another principal residence during the 2 year period ending on the date of the sale or exchange of the residence (excluding any sale or exchange before May 7, 1997)?

☐ Yes ☐ NO

No portion of the residence has been used for business or rental purposes by me (or my spouse if I am married) after May 6, 1997?

☐ Yes ☐ NO

TYPE OF FUEL: ☐ Oil ☐ Gas

If heated by oil, is tank underground or in basement? _____

If underground, is tank covered by oil tank insurance policy?

If underground, is tank covered by oil tank insurance policy? ☐ Yes ☐ No

If so, attach copy of policy to this sheet.

Name and phone number of company serving oil to property: _____

_____

TYPE OF WATER: ☐ Well ☐ Municipal ☐ Private

TYPE OF SEWER: ☐ Septic Tank ☐ Municipal Sewer

If the house is serviced by septic and well, when was the last time any inspections were made?

_____

TERMITE TREATMENT:

Has the home ever been treated for termites? ☐ Yes ☐ No

If yes, name of company, address and date of treatment: _____

_____

Is the home under Termite Warranty by a termite company? ☐ Yes ☐ No

Are there any unpaid assessments which effect the property? _____

Were there any improvements added since you purchased, such as fence, deck addition?

☐ Yes ☐ NO

MORTGAGES

Open Mortgage of Recording (including Equity Loans) on Subject Property:

☐ Yes ☐ NO

COMPLETE NAME AND ADDRESS of institution where payments are made and Customer Service telephone numbers:

_____ Account No. _____
_____ "800" Phone No. _____

_____ Account No. _____
_____ "800" Phone No. _____

_____ Account No. _____
_____ "800" Phone No. _____

HOMEOWNERS ASSOCIATION: If residence is a condominium, townhouse or co-op, please furnish name, address and telephone number of association, as well as name of contact person, so that we may obtain necessary information with regard to within transaction. Attach copy of bylaws and master deed to condominium.

_____

_____

TRANSFER TAX: You may be eligible for a partial exemption from the New Jersey Real Estate Transfer Tax if you meet all of the following qualifications.

☐ Yes ☐ No One owner is 62 years old or over and there are no joint owners other than the spouse

☐ Yes ☐ No The premises is a one or two family house

☐ Yes ☐ No Premises owned and occupied by owner(s) at the time of closing

If you think you qualify for this partial exemption, please provide the following:
NAME:_____
DATE OF BIRTH:_____

CITIZENSHIP:

Are you a citizen of the United States? ☐ Yes ☐ No *

*If No: Please supply my office with the country in which you are a citizen as well as a photocopy of your resident alien card (both sides) or other documents to support your status.

JUDGMENTS: Any judgments against the owners of record must be paid in full at closing. If there are any judgments against the owners, please furnish details of same on the bottom of this form.

PLEASE BE SURE TO FILL IN YOUR CORRECT FORWARDING ADDRESS. THIS IS THE ADDRESS WE WILL MAIL ANY REFUND CHECKS AND/OR IMPORTANT DOCUMENTS POST-CLOSING.

FORWARDING ADDRESS:

Name: _____
Street: _____
Town: _____
State & Zip: _____
Phone: _____

RETURN THIS FORM along with a copy of your deed, survey and title insurance policy and other documents requested herein as soon as possible to:

Advent Title Agency, LLC
547 Union Blvd. 2nd Floor
Totowa, NJ 07512
862-257-9333 Fax: 866-515-6515

TO: _____

DATE: _____

ATTN: **MORTGAGE PAYOFF DEPT.**

RE: LOAN NO. _____
NAME: _____
ADDRESS: _____
_____

DEAR SIR/MADAM:

WE HEREBY AUTHORIZE YOU TO PROVIDE PAYOFF INFORMATION (INCLUDING STATUS OF PAYMENT OF REAL ESTATE TAXES, IF APPLICABLE) FOR THE ABOVE REFERENCED LOAN TO Advent Title Agency, LLC

KINDLY PROVIDE THIS INFORMATION IMMEDIATELY SO AS NOT TO DELAY CLOSING ON THIS PROPERTY.

VERY TRULY YOURS,

_____

_____
SS#

_____

_____
SS#