

**12 W 1st Street
Farmington MO 63640
573-756-6721**[**www.preferredlandtitle.com**](http://www.preferredlandtitle.com), Farmington@PreferredLT.com

**REALTOR INFORMATION FORM RETURN COMPLETED FORM TO:** **closer@preferredlt.com**

**CHECK: \_\_\_ BUYER OR \_\_\_SELLER INFORMATION**

**Property Address:**

**Listing or Selling Agent/Representative**

**Name Company**

**Email: Phone:**

**Buyer/Seller Name 1. Marital Status: M S Separated**

**Cell# Email Address: SS#**

**Mailing address:**

1. **Marital Status: M S Separated**

**Cell# Email Address: SS#**

**Mailing address:**

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**Cell# Email Address: SS#**

**Mailing address:**

**Will Buyer/Seller be at Closing? Yes No Will Buyer Occupy this property? Yes No**

**Is this a Split Closing? Yes No Title Company Phone**

**Contact Name: Email:**

**Is this a REHAB (ANY work done on this property in the last 12 Months)? Yes No If yes, contact us, we may need more information.**

**Is this property NEW CONSTRUCTION? Yes No**

**This property is being purchased/sold by a Trust or LLC Yes NO , If Yes, please provide a copy**

**of the Operating agreement/Trust document.**

**Is this commercial property? Yes No Rental Property? Yes No , if yes, please**

**provide schedule of rents and deposits and dates for proration purposes.**

**Property is Sellers Primary residence Yes No**

**Sellers Forwarding Address:**

**COMMISSION information:**

**Sales price $ , Total commission $ , Is commission based on the**

**Sales price LESS any seller concessions? Yes No Amount of Concessions $ .**

**Commission Based on % of sales price or $ .**

**Listing side % or $**

 **Selling side % or $**

**Broker/Agent Signature verifying commission**

**Buyer (s) Mortgage Company:**

**Loan Officer Name: Phone #**

**Inspections: HOME WARRANTY, TERMITE, HOME INSPECTION, WATER, SEWER**

**Provide invoices/paid receipts.**

1. **Company Paid at closing Yes\_\_\_No\_\_\_**
2. **Company Paid at closing Yes\_\_\_No\_\_\_**
3. **Company Paid at closing Yes\_\_\_No\_\_\_**

**HOMEOWNER’S Association:**

**Contact Name: Phone #**

**Is there a RIGHT TO PURCHASE on this property Yes NO , If yes Provide more information**

**ADDITIONAL INFORMATION:**

**PAYOFF AUTHORIZATION**

By signing this authorization, I give Preferred Land Title, LLC, permission to obtain payoff information or any other information as requested on my/our behalf.

. Name of Company Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Fax/Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number:

 Phone/Fax/Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number:

 Phone/Fax/Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If an Equity Line of Credit or Future Advance Mortgage:

We are requesting that you terminate/freeze the future advance provision of the above loan and that said provision be terminated at least 72 hours prior to the closing date of . We request

written confirmation by letter to be delivered to the settlement agent Preferred Land Title, LLC confirming this termination: Fax to 573-756-0519 or email to: closer@preferredlt.com

If this account is to be closed and paid in full, a full deed of release is to be recorded. I/we have indicated below for a closed account.

Printed Name: Date SSN:

Signature: Close my account Initial Here

Printed Name: Date SSN:

Signature: Close my account Initial Here

**Please include the Seller's social security number.**

**Also note that the mortgage companies do not accept Docusign and a wet signature must be used.**