



Settlements, Ltd.

SELLER INFORMATION QUESTIONNAIRE

41 White Avenue, 2 Crafton Square

Pittsburgh, PA 15205

(P): 412-922-6095

(F): 412-922-3515

office@settlementsltd.com

www.settlementsltd.com

To:

Property Address:

Your File Number with us is _____. Please reference this number with all correspondence. Completion of this questionnaire as well as returning all documents and forms completed and signed will help to expedite the above closing. In addition, kindly submit a copy of your existing title insurance policy if available. This will help to clear any issues discovered in the title search. Thank you!

1. Do you have an existing mortgage on this property? (____) yes (____) no
If **YES**, please complete the **Payoff Authorization Form** so that we may obtain a payoff.
2. If there a second mortgage, equity line of credit, lien or judgment against the property, you must complete the attached **HELOC Authorization Form**.
3. Will all sellers attend the closing? (____) yes (____) no
If not, please inform us **as soon as possible** so that arrangements may be made to have the Deed and other documents signed in advance.
4. Please provide a forwarding address, **email address & phone #**:

Address: _____

Email: _____

Phone: _____

5. Please provide Social Security No. & Date of Birth (this information is necessary to order lien letters, payoff statements, and clear any title issues that may incur.)

Name _____ SS#: _____ DOB ___/___/_____
Sex: Male (____) Female (____)

Name _____ SS#: _____ DOB ___/___/_____
Sex: Male (____) Female (____)

6. Marital status: _____
If married and spouse is NOT listed on the current deed, please provide the name of spouse. In order to convey clear title to the property and to the purchaser, the spouse will need to sign the new deed to release any marital rights on the property.

7. If a spouse or other individual on the deed is deceased, please provide a death certificate or another proof of death (funeral announcement or card, obituary, or letter from funeral director).

8. As the Seller/Owner, you are responsible to have the deed conveyed to the buyer. Do you want Settlements, Ltd. to prepare the new Deed? The charge for this service \$195, and our notary charge is \$30. (____) yes (____) no

If not, please provide the name and telephone number of the person responsible for preparing these documents for you.

9. Water and/or Sewer service provider(s)? PLEASE LIST ACCOUNT #S.
WE NEED IN ORDER TO PROCESS THIS FILE.

10. Does this property belong to a Homeowner's Association? (____) yes (____) no
If yes, name and telephone number of the homeowner's association and/or Management Company?

11. Have you filed for bankruptcy? (____) yes (____) no

*****REMEMBER TO BRING A CURRENT (NOT EXPIRED) FORM OF GOVERNMENT-ISSUED PHOTO ID WITH YOU TO CLOSING*****

Any of the following are acceptable: Valid Driver's License, Passport, Current Government ID, or Current Military ID.

PAYOFF AUTHORIZATION FORM

SETTLEMENTS, LTD.

DATE:

PHONE: 412-922-6095

FAX: 412-922-3515

ATTN: PAYOFF DEPARTMENT- URGENT

REQUEST FOR PAYOFF AND TO FREEZE ACCOUNT

BORROWER'S NAME(S):

LENDER NAME AND PHONE NUMBER:

ACCOUNT #:

*LAST 6 DIGITS SS#: XXX-__ - _ _ _ _

PROPERTY ADDRESS:

**Mandatory to obtain payoff statement from lender*

This is to inform you that the above homeowners are SELLING the above property. Please fax a payoff letter to 412-922-3515 as soon as possible. This closing is scheduled for _____ and you will receive your funds _____. Any applicable fax fees will be paid. Please call me if you have any questions concerning this matter. Thank you for your prompt attention to this request.

Debra D. Patti, Esq.

Settlements, Ltd. is hereby authorized to obtain a payoff letter for the above-mentioned account. So that the payoff figure will be reliable, I hereby direct you to freeze the escrow account and/or line of credit as of the date of the payoff request. Do not make any disbursements from the escrow account or honor any additional checks drawn on a line of credit. Upon receipt of the payoff, I direct that the account should be closed, the mortgage satisfied of record and any remaining escrow funds returned to the borrower.

Seller's Signature

Date

Seller's Signature

Date

HELOC AUTHORIZATION FORM

SETTLEMENTS, LTD.

DATE:

PHONE: 412-922-6095

FAX: 412-922-3515

ATTN: PAYOFF DEPARTMENT- URGENT
REQUEST FOR PAYOFF AND TO FREEZE ACCOUNT

BORROWER'S NAMES:

LENDER NAME AND PHONE NUMBER:

ACCOUNT #:

LAST 4 DIGITS SS#:

PROPERTY ADDRESS:

This is to inform you that the above homeowners are SELLING the above property. Please fax a payoff letter to 412-922-3515 as soon as possible. This closing is scheduled for _____ and you will receive your funds _____. Any applicable fax fees will be paid. Please call me if you have any questions concerning this matter. Thank you for your prompt attention to this request.

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