One Closing Source, LLC

SELLER INFORMATION SHEET

THIS IS BEING SENT TO Email address:

	Property Being Sold: Primary residence Other Forwarding Address:
GENERAL INFORMATION	(any refunds from closing or escrows will be sent to this address) Seller (1): Seller(2):
GENERA	Email Address(es): Seller (1)
	Are the sellers Georgia residents?
Water Servicer	
e ∨ Ser	Phone No Account #
	Will you be present for Closing?YesNo
Information	If no, will a power of attorney be signing on your behalf?YesNo Power of Attorney Name:
In	If a Power of Attorney is signing on your behalf, we will prepare the necessary document. There will be a \$100.00 charge f the preparation of each Power of Attorney. Mail away preparation and handling will be \$225.00

For additional closing information, please call 770 931 9604

	Name of Management Company or Neighborhood Treasurer:			
HOME OWNER'S ASSOCIATION	Contact Person:Phone No.:			
	Email Address: Fax No.:			
	Are you currently in bankruptcy?_yesno If yes, please provide documentation.			
Legal Info	Have you ever filed for divorce? _yesno If yes, please provide documentation.			
Termite Inf o	Termite Company or Home Warranty:			
	Phone Number:			
	Are you paying for a termite letter or transfer of bond or Home Warranty? Collect at closing? yesno			
Closing Info	Any other information you would like to provide:			
Repair Bills	Are there any repair bills to be collected at closing? Yes No			
	If so, please provide amounts and vendor information in the lines below:			

MORTGAGE PAYOFF INFORMATION

Please read and prepare this page carefully!

General Information Please make sure that your payoff information includes any Equity Lines including those which may have a zero balance. Also sign the authorization in order for us to obtain payoff information. It is essential that you provide your loan number, social security number and signature, as all lenders require this information in order to issue payoff letters.

Please note if you have automatic withdrawals for your payoff please contact the lender and cancel the automatic payment at least five business days prior to closing. Please refrain from making any further withdrawalsonopen equity/credit lines.

Mortgage Pavoff formation

AUTHORIZATION FORM

Phone No.:	Loan No.:			
	Estimated Amount:			
Second Mortgage or Equity Line	cond Mortgage or Equity Line of Credit Company Name:			
Phone No ·	Loan No.:			
1 110110 1 1011	Estimated Amount:			
Third Mortgage Company Nam	e:			
Phone No.:	Loan No.:			

I hereby authorize the law firm of the Zdrilich Law Group, LLC to receive payoff information on the above referenced loans in order to obtain accurate mortgage payoffs for the sale of my house. In the event one of the above referenced loans is a home equity line of credit/credit line, this authorization shall immediately freeze said credit line upon issuance of lender's payoff statement demand.					
Seller Name:	Seller Name:				
Seller Signature	Seller Signature				
Social Security #:	Social Security #:				

PLEASE FILL AND SIGN. NO ELECTRONIC SIGNATURES ARE ACCEPTED. THANK YOU FOR YOUR COOPERATION.

Please provide a copy of your <u>Owner's Title Insurance Policy</u> or a copy of the <u>Settlement Statement</u> from when you purchased this property.