



SELLER'S INFORMATION FORM

Please return this form to us at your earliest convenience:
 Action Title Services, 3733 Tamiami Trail North, Naples, FL 34103
 Email: customerservice@actiontitenaples.com Fax: (239) 262-8664

Our office is issuing title insurance and preparing closing documents for the purchaser of your property. We are also able to prepare and record your closing documents if you do not intend to retain an attorney. Please check the box below if you would like Action Title Services to prepare and record your closing documents or otherwise, you are retaining an attorney.

- Yes, I would like Action Title Services to prepare my closing documents.
(A fee will be charged for services rendered, please call for an estimate)
- An attorney is preparing my closing documents. Please coordinate the closing with the following office:

Attorney's Office & Contact	Phone
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Completing this form in its entirety is necessary to properly transfer ownership of the property and will help assure a smooth closing.

We look forward to working with you. Feel free to contact us at (239) 262-2200 should you have any questions or need assistance completing this form. All personal, non-public information will be kept confidential.

Seller's Name(s): _____

Marital Status (Married, Single, Widow): _____

Full Name of Spouse (if spouse is not in title): _____

Social Security Number(s): _____
Of all persons currently in title to the property

Phone: _____ Email: _____

Post-Closing Address: _____
This is the address we will send all documents to after closing

Are you currently filing or recently gone through a divorce: Yes No

Do you file a tax return in the United States: Yes No

Do you have a survey of the property: Yes No

Have you made major improvements to the property: Yes No

If yes, provide detail: _____

Do you have an Owner's Title Insurance Policy: Yes No

Your contract may require you to give a credit to the Buyer at the time of closing if you are not able to produce the policy. Please forward a copy to us as soon as possible. The Owner's title policy was sent to you with the original recorded deed after you purchased your property, it is not the Commitment to Insure you received before the closing.

Is any person on the Deed deceased: Yes No

If yes, provide name: _____

Will all persons currently in title be present at the closing: Yes No

If no, who will not be present: _____

If you will not be in Naples for closing, please provide an address for overnight delivery of your documents (this cannot be a Post Office box):

Name

Street Address

City, State and Zip Code

Are you aware of any Liens or Judgements against you: Yes No

If yes, provide detail: _____

Is the property you are selling held in a Trust: Yes No

If yes, provide the name of the trust: _____

Are you currently in or recently filed Bankruptcy: Yes No

If yes, provide the case number: _____

Will you be using a Power of Attorney for closing: Yes No

IMPORTANT: We must review the Power of Attorney prior to closing to determine it meets Florida requirements. If it is to be used, we must have the ORIGINAL to record at the time of closing.

How do you want to receive your proceeds from the sale:

- I will pick up an escrow check at closing
- Overnight deliver an escrow check to the post-closing address listed above
(There is an additional charge for overnight delivery)
- Wire funds directly into my bank account
(You must provide wire instructions from your bank. There is an additional charge for wired funds.)

Mortgages: (if any)

Bank/Lender Name: _____
First Mortgage

Loan Number: _____ Customer Service Phone: _____
Please complete and return the Seller's Authorization form attached

Bank/Lender Name: _____
Second Mortgage/Home Equity Line

Loan Number: _____ Customer Service Phone: _____
Please complete and return the Seller's Authorization form attached

Bank/Lender Name: _____
Other

Loan Number: _____ Contact & Phone: _____
Please complete and return the Seller's Authorization form attached

Homeowner or Condominium Association: (if any)

Master/Condominium Association: _____

Phone: _____ Payment: \$ _____ How Often: _____
Monthly/Quarterly/Annually

Homeowner Association: _____

Phone: _____ Payment: \$ _____ How Often: _____
Monthly/Quarterly/Annually

Water/Sewer Billing:

Who do you pay: _____ How Often: _____
Monthly/Quarterly/Annually

Action Title Services

SELLER AUTHORIZATION FORM

File No.:

Name:

Property Address:

I/we hereby authorize Action Title Services to obtain copies of prior Owners Title Insurance policies, surveys and/or payoff figures on any outstanding mortgage loans, homeowner's/condo association liens, judgments or any outstanding debts I(we) may have at this time, as they may pertain to the timely closing of a real estate transaction regarding the above referenced property.

A photocopy or facsimile transmission of this form will serve the same purpose as an original authorization.
