

**SELLER(S) INFORMATION SHEET**

Seller One:	Seller Two:
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Home Phone #: _____	Home Phone #: _____
Work Phone #: _____	Work Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email: _____	Email: _____
Fax #: _____	Fax #: _____
SS #: _____	SS #: _____
Date of Birth: _____	Date of Birth: _____

Who would you prefer to be the main contact? \_\_\_\_\_

**MARITAL HISTORY:**      Married?       Yes       No

Date of Marriage: \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_

Prior Marriage(s):       Yes       No

If yes, attach a copy of the Judgment of Divorce

If spouse is deceased, attach the Death Certificate

Did spouse reside with you in property?       Yes       No

Do you pay child support?       Yes       No

If yes, provide Statement of Account from Probation

**ADDRESS OF SUBJECT PROPERTY:**

\_\_\_\_\_

Is this your primary residence?       Yes       No

Is the Deed to the property in a Trust's name?       Yes       No

If yes, Name of Trust: \_\_\_\_\_

Provide a copy of the Deed

Is the owner of the property an Estate?       Yes       No

If yes, Executor, Executrix/Administrator Name & Address: \_\_\_\_\_

\_\_\_\_\_

Estate Tax ID #: \_\_\_\_\_

Provide a copy of the Short Certificate/Death Certificate(s) and Will of last surviving owner

What are your plans when your property sells? \_\_\_\_\_

TYPE OF RESIDENCE

Single Family

Townhouse

Condominium

Co-op

Multi-Family

No. of Units

Age of home: \_\_\_\_\_

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?  Yes  No

If yes, attach a copy of the policy

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?

POOL: Is there a pool?  Yes  No

TYPE OF GARAGE:

Attached  Detached  1 Car  2 Car  3 Car  Other \_\_\_\_\_

SOLAR PANELS:

Are there solar panels?  Yes  No

If yes, are they owned or leased? \_\_\_\_\_

Paid in full or financed? \_\_\_\_\_

Do you receive SREC for the solar panels? \_\_\_\_\_

Provide copies of all solar panel leases and agreements

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

ADDED IMPROVEMENTS:

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

Yes  No

If so, what improvements? \_\_\_\_\_

MORTGAGES:

Open Mortgage of Recording (including Home Equity Loans, Lines of Credit, Second Mortgages, etc.)

on Subject Property:  Yes  No

Do you own your home free & clear?  Yes  No

Liens on the property (excluding mortgage)  Yes  No

Added Tax Assessments  Yes  No

Added HOA Assessments  Yes  No

Open Permits  Yes  No

Encroachment/Easement  Yes  No

NAME, ADDRESS AND PHONE NUMBER of institution(s) where payments are made:

\_\_\_\_\_ Account #: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Account #: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Account #: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_

**JUDGMENTS:** Are all Mortgage payments current?  Yes  No

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.

**HOMEOWNERS ASSOCIATION:**  Yes  No If yes, cost \_\_\_\_\_

Paid Monthly  Quarterly  Yearly Are your payments current?  Yes  No

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

**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.

**FORWARDING ADDRESS:**

**PLEASE BE SURE TO FILL IN YOUR FORWARDING ADDRESS:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, 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 by email, fax or mail. Also, please sign and date the mortgage payoff form on the last page. We will complete the other information.**

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