

APPOINTMENT CHECKLIST INFORMATION NEEDED FOR ALL SELLERS INVOLVED IN TRANSACTION.

SELLER(S)	
Legal Name on DL:	
Current Mailing Address:	
Phone: Email:	
MARITAL HISTORY SINCE ACQUISITION OF PROPERTY	
Marriage? Yes No If yes, spouse's name:	_ Date of Marriage:
Did spouse live on property? Yes No	If yes, include on contract.
Divorce? Yes No If yes, County/State:	Date of Divorce:
Death? Yes No If yes, need copy of Death Certificate	
Is there a Will? Yes No If yes, was it proba	ted? Yes No
POWER OF ATTORNEY	
Yes No If yes, please provide original.	
Is Allegiance Title going to prepare? Yes No	
BANKRUPTCY	
— Yes — No If yes, County/State:	Date:
PARTY TO ANY LAWSUIT	
— Yes — No If yes, provide details: ————	
MORTGAGE INFORMATION	
Lender's Name: Phone	Number:
Loan Number: Last four digits of SSN's:	
Delinquent on Payments: Yes No If yes, how far behind: _	
EXISTING SURVEY	
Yes No If yes, supply notarized T47 Legible:	Yes No
Any changes: Yes No If yes, describe changes:	
LEASE(S) IN PLACE: Yes No FIXTURE LEASE(S): Yes No	SOLAR PANELS: Yes NO
MINERAL LEASE: Yes No OTHER: Yes No If yes, explain	:
HOME OWNERS ASSOCIATION? Yes No  If yes, name of ass	ociation:
Current?YesNo Dues \$ Assessed	
Resale Cert Fee \$ (Fee must be paid in advance) Transfer Fee	e \$ (negotiated on contract)
CITIZENSHIP	
US Citizen? Yes No Resident Alien/Green Card Yes	_ No None of the Above
CLOSING WILL BE	
Local or Mail out to:	