

SELLER(S) INFORMATION SHEET

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

Are you legally blind? ☐ Yes ☐ No

Are you permanently & totally disabled, receiving disability payments,
not gainfully employed? ☐ Yes ☐ No

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:

Are you currently paying a mortgage (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 #: _____

HOME EQUITY LOANS/LINES OF CREDIT:

Include account information for **ALL** home equity loans or lines of credit (even with a zero balance) on subject property.

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. _____

HOMEOWNERS INSURANCE CLAIMS:

Have there been any homeowners insurance claims filed on this property? ☐ Yes ☐ No

If so, list the date and type of loss and the amount of each claim: _____

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 ID with your legal name, 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.

**Mildred J. Hamilton, Esq.
471 Oak Street
Florence, NJ 08518
(609) 499-1380 (phone)
(630) 604-4478 (fax)
MHamilton@mjhamiltonesq.com**

MJH Mildred J. Hamilton
Attorney at Law

471 Oak Street
Florence, New Jersey 08518
telephone (609) 499-1380
fax (630) 604-4478
MHamilton@mjhamiltonesq.com

Member of the New Jersey Bar

Lisa G. Mayer, Of Counsel

TO: _____

ATTN: MORTGAGE PAYOFF DEPARTMENT

RE: LOAN #: _____
NAME: _____
ADDRESS: _____

DEAR SIR/MADAM:

WE HEREBY AUTHORIZE YOU TO PROVIDE PAYOFF INFORMATION
(INCLUDING STATUS OF PAYMENT OF REAL ESTATE TAXES, IF
APPLICABLE) FOR THE ABOVE REFERENCED LOAN TO
MILDRED J. HAMILTON, ESQ.

KINDLY PROVIDE THIS INFORMATION IMMEDIATELY SO AS NOT TO
DELAY CLOSING ON THIS PROPERTY.

Signature Date

Social Security #

Signature Date

Social Security #