



## Request for Information from Seller

Please complete the following information and return to our office with a copy of your ID as soon as possible. It may be faxed to 301.560.5393 or emailed to: [info@pinnaclesettlements.com](mailto:info@pinnaclesettlements.com)

Our File No.: **21-0571** Property Address: **20401 Bloomingville Court, Germantown, MD 20876**

NAME: **Yiming Qiu**

Email Address: ymqui@yahoo.com Social Security#: 219-47-3415

Phone Numbers: WK \_\_\_\_\_ Cell \_\_\_\_\_ HM (301)972-3732

NAME: **Weifen Mao**

Email Address: maoweifen@gmail.com Social Security#: 215-87-4583

Phone Numbers: WK \_\_\_\_\_ Cell (301)580-8998 HM \_\_\_\_\_

### **FORWARDING ADDRESS AFTER SETTLEMENT:**

212 Currier Dr, Rockville, MD 20850

Will all sellers be attending settlement? Yes \_\_\_\_\_ If not, please contact our office to make arrangements.

Are All Sellers a Maryland Resident? Yes \_\_\_\_\_ If not, please contact our office for further instructions.

Are all Sellers US Citizens or Residents? Yes \_\_\_\_\_ If not, please contact our office for further instructions.

Are any sellers involved in current Bankruptcy proceedings? No \_\_\_\_\_

How would you like to receive proceeds from Sale? Check \_\_\_\_\_ Wire ☒ (provide voided check/acct info at closing)

### **Mortgage Information:**

#### First Mortgage

Name of Lender: M&T Bank

Account Number: 0014417356

Phone: (800)724-2224

Additional liens or payoffs: The mortgage has been paid off.

#### Second Mortgage

Name of Lender: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Homeowners/Condo Association Dues: Yes [ ☒ ] No [ ☐ ]

Company/Contact: Summit Management Service

Account Number: CW19269

Phone: (301)495-0146

Fax/Email: (301)933-2625

IS THERE A 2<sup>nd</sup> HOA or Condo (if yes provide Contact info) No. \_\_\_\_\_

Ground Rent/Lease: Yes [ ☐ ] No [ ☒ ]

Company/Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax/Email: \_\_\_\_\_

Yr./Mo. Front Foot / Water – Sewer facility Charge:

Yes [ ☐ ] No [ ☒ ]

Company/Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax/Email: \_\_\_\_\_

We hereby give our consent for the release of any and all payoff figures regarding liens against the referenced property.

[Signature] 07/20/2021  
Signature Date

Weifen Mao 07/20/2021  
Signature Date