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LISTING AGENT: _____ **FAX:** _____

Agent Email Address: _____
****Would you like to receive your HUD statements by email? YES / NO****
CLOSING SCHEDULED: _____ **TIME:** _____

Buyer(s) name(s): _____

Property Address: _____

PLEASE COMPLETE THIS FORM FOR YOUR SELLERS AND RETURN VIA FAX TO OUR OFFICE AS SOON AS POSSIBLE TO ENSURE CLOSING ON THE SCHEDULED DATE AND TIME.

Seller(s) name(s): _____ SSN: _____

Seller Email Address: _____ SSN: _____

Forwarding Address: _____

Phone #'s: Home _____ His Work _____ Her Work _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Is there a Free Trader Agreement: _____ Yes _____ No _____

Seller(s) present mortgage: _____
First Mortgage: _____

Loan number: _____ Phone number: _____

Second Mortgage/Equity Line: _____

Loan number: _____ Phone number: _____

****If there is a line of credit secured by the property, which Bank Branch opened it? _____**

Homeowners' Association Name: _____

Management Company: _____ Phone Number: _____

Prior Survey available on the property: _____ Yes _____ No If Yes, please provide copy
Do the Seller(s) want Sandman & Rosefelde-Keller to prepare Deed and Lien Waiver? Fee - \$125.00 / Yes or No
PLEASE NOTE: SPOUSE OF SELLER MUST SIGN DEED AND LIEN WAIVER.

Will Seller(s) be present at closing? _____ Yes _____ No IF NO, PLEASE ADVISE.

R/E COMMISSION: Commission Split: _____ % or \$ _____ to Listing Agent _____
_____ % or \$ _____ to Selling Agent _____

NOTES: _____

****PLEASE FAX COPIES OF ANY INVOICES TO BE PAID BY THE SELLER AT CLOSING****

Included in this fax is an authorization form to be signed by the sellers and returned to our office as soon as possible.

AUTHORIZATION

I/We, the undersigned, give Michael G. Sandman, Attorney at Law or a representative of his firm, authorization to obtain payoff information necessary to facilitate the sale of my/our property commonly known as: _____

SELLER

SELLER

DATE