
SELLER QUESTIONNAIRE

Please complete this questionnaire, sign and fax to (603) 218-6861

Seller:

Buyer:

Property:

File No.

1. **Should TITLE NEW HAMPSHIRE, LLC prepare the deed on your behalf? YES ___ NO ___**
If the answer is NO please provide the name and phone number of the attorney who will be preparing the deed.

Attorney Name: _____

Phone Number: _____

2. **SELLER 1 NAME:** _____ **Soc Sec #** _____
Marital Status: _____ **Spouse's Name:** _____
Phone Numbers: Home _____ **Work:** _____ **Cell:** _____
E-mail Address: _____ **Fax No.** _____
Current Address: _____
Future Mailing Address: _____

SELLER 2 NAME: _____ **Soc Sec #** _____
Marital Status: _____ **Spouse's Name:** _____
Phone Numbers: Home: _____ **Work:** _____ **Cell:** _____
E-mail Address: _____ **Fax No.** _____
Current Address: _____
Future Mailing Address: _____

3. **Will all sellers be present at closing? YES / NO**

4. **Condominium Information/Mobile Home Park/Association Fees (if applicable)**

CONDOMINIUM ASSOCIATION _____ **Monthly Fee:** \$ _____

MANAGEMENT COMPANY _____ **Phone #** _____

5. **CONTRACT INFORMATION**

SALE PRICE \$ _____ **DEPOSIT \$** _____ **HELD BY:** _____

Listing Broker: _____ **Commission %** _____ **Phone** _____

Buyers Protection Plan \$ _____ **To Whom** _____

CLOSING COSTS/POINTS PAID BY SELLER? If so \$ _____

6. **IS the property serviced by municipal WATER? YES / NO SEWER? YES / NO**

Name of Water and Sewer company: _____

7. **Property Tax Information:** Please include a copy of your most recent tax bill

Correct Property Address: _____

MAP/LOT: _____ **Current Tax Amount \$** _____ **PAID? Y / N**

8. **What title company or attorney did the closing when you purchased this property?**

9. **Owner's Title Insurance (if applicable):** If possible, please include a copy of your current policy. This policy is offered at the time of purchase and covers different aspects of that original title search. If you are unsure as to whether you opted for this coverage, please skip this item and we will contact you if needed.

Policy Number _____
Title Insurance Company: _____

MORTGAGE INFORMATION

Effective on December 15, 1989, federally chartered savings and loan associations and savings banks were required to obtain an authorization in writing from a customer in order to disclose payoff figures (FHLBE Reg. 89-2350).

To receive payoff figures, Title New Hampshire, LLC must be in receipt of the mortgagors consent form listing each lender holding a mortgage secured by the above-referenced property address. Please be sure to list the addresses to which you currently make your payments.

Lender Name: _____
Lender Address: _____
Lender Phone #: _____ Account #: _____
Type of Loan: _____ (i.e conventional, FHA, VA, Home Equity, commercial)

Lender Name: _____
Lender Address: _____
Lender Phone #: _____ Account #: _____
Type of Loan: _____ (i.e conventional, FHA, VA, Home Equity, commercial)

I/We hereby authorize and consent the above-named Lender(s) to release information to Title New Hampshire, LLC regarding payoff figures for the above-referenced account(s) and for real estate tax and homeowners insurance information and understand that I/we may withdraw such authorization and consent at any time by notifying said institution in writing.

SS# _____ Signature _____ Date _____

SS# _____ Signature _____ Date _____