



Title Professionals and Abstract Company

"YOUR PROBLEM SOLVERS"

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CLOSING REQUEST

DATE _____
CLOSING DATE _____
CLOSING LOCATION _____

BUYER _____ SELLER _____
ADDRESS _____ ADDRESS _____
CITY _____ STATE ____ ZIP _____ CITY _____ STATE ____ ZIP _____
PHONE _____ FAX _____ PHONE _____ FAX _____
EMAIL _____ EMAIL _____
AGENT _____ AGENT _____

PROPERTY
PARCEL NUMBER _____
ADDRESS _____
CITY _____ STATE ____ ZIP _____
COUNTY _____
IS THERE A WELL ON THE PROPERTY Y__ N__
TYPE OF PROPERTY ____ ABSTRACT LOCATION _____
____ TORRENS CERTIFICATE NO. _____

COMMISSION RATE _____
VALUE OF PERSONAL PROPERTY _____
CLOSING FEE PAID BY ____ BUYER ____ SELLER ____ OTHER (Please Specify)

AMORTIZATION SCHEDULE Y__ N__
DOCUMENT PREPARATION BY ____ TITLE PROFESSIONALS ____ OTHER (Please Specify)

DOES THE BUYER WANT ____ OWNER'S TITLE INSURANCE OR A ____ TITLE OPINION
If SO DOES THE BUYER HAVE AN PREFERRED ATTORNEY TO DO THE TITLE OPINION Y__ N__
PREFERRED ATTORNEY'S
NAME _____
FIRM _____
ADDRESS _____
CITY _____ STATE ____ ZIP _____
PHONE _____ FAX _____

IS THERE A MORTGAGE PAYOFF TO BE MADE AT CLOSING Y__ N__ IF SO (Please Specify)

LOAN NO _____
LENDER _____
CONTACT _____
ADDRESS _____
CITY _____ STATE ____ ZIP _____
PHONE _____ FAX _____

INCLUDE:

1. Purchase Agreements and any Addendums or Exhibits thereto
2. Any bills that must be paid at closing
3. Commission statement, inclusive of any administrative fees to the brokerage