



# First Integrity TITLE, INC.

3838 Tamiami Trail North, Suite 301, Naples, FL 34103  
Office: 239-261-5353 Fax: 239-261-6363  
[www.FirstIntegrityTitle.us](http://www.FirstIntegrityTitle.us)

## SELLER INFORMATION SHEET

Closing Date: \_\_\_\_\_ Escrow Officer: \_\_\_\_\_  
Property Address: \_\_\_\_\_

Please complete the information requested and return to the address / fax number above.

Seller's Full Legal Name: _____	Seller's Full Legal Name: _____
Social Security #: _____	Social Security #: _____
Phone: _____	Phone: _____
Phone: _____	Phone: _____
Fax #: _____	Fax #: _____
Email: _____	Email: _____

Seller's Status: ( ) U.S. Citizen ( ) Resident Alien ( ) Non-Resident Alien

Marital Status: ( ) Single ( ) Married (Spouses) ( ) Married (to Others) ( ) Separated

Seller's Current Residential Address:  
\_\_\_\_\_

Seller's Best Daytime Address for Express Deliveries at Closing Date:  
\_\_\_\_\_

Seller's Forwarding Address After Closing:  
\_\_\_\_\_

Will Seller Attend Closing? ( ) Yes ( ) No, Mail-Away

Directions for Delivery of Seller's Proceeds at Closing:

( ) Will Pick-Up Check ( ) Mail ( ) Overnight Delivery ( ) Wire Funds

Send to Address: \_\_\_\_\_

If wired funds requested, enclose your Bank's Wire Instructions for your Account.



# First Integrity TITLE, INC.

3838 Tamiami Trail North, Suite 301, Naples, FL 34103  
Office: 239-261-5353 Fax: 239-261-6363  
[www.FirstIntegrityTitle.us](http://www.FirstIntegrityTitle.us)

**1st Mortgage Lender:** \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Customer Service Phone #: \_\_\_\_\_

2nd Mortgage Lender: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Customer Service Phone #: \_\_\_\_\_

Other Liens:  
Lienholder Name: \_\_\_\_\_  
Lienholder Name: \_\_\_\_\_

**Condominium / Homeowner Association Manager:**

Management Company: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Any Tenant in Property? Tenant's Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Any Special Assessments Outstanding on Property?  
Assessor's Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Water Service:** (please circle one) City    County    FGUA    Well / Septic    Other  
Provider Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_

I / We authorize First Integrity Title, Inc. to request and receive documentation from third parties to include payoff information from our lender(s) listed above. I further authorize First Integrity Title, Inc. to block / freeze my equity line, if applicable, and to utilize my signature below for such purpose.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Signature(s)

Date: \_\_\_\_\_