

WCAC REAL ESTATE CLOSING REQUEST FORM (May 2013)

DATE OF REQUEST: _____ DESIRED CLOSING DATE: _____

COPY OF PURCHASE AGREEMENT: YES NO
ABSTRACT OF RECORD TITLE: YES NO
OTHER PAPERS: _____

1. REALTOR INFORMATION:

Realtor and Company: _____ Cell Phone Number: _____

Email Address: _____ Commission: _____

Closing fee paid by: _____ Other Realtor involved? _____ Seller / Buyer

2. BUYER/BORROWER INFORMATION:

Complete Names as to taking title:

Buyer 1: _____ SS# or TIN#: _____
Buyer 2: _____ SS# or TIN#: _____

How will Buyer take title? Joint Tenancy / Tenants in Common / Other _____

Email address: _____

Buyer's current mailing address: _____

Phone Number: Home _____ Work _____ Cell _____

Financing (lender, phone #, contact): _____

Loan Amount: _____ Sales Price: _____

3. SELLER INFORMATION:

Name (all names on title, spouse or otherwise):

Seller 1: _____ Social Security Number: _____
Seller 2: _____ Social Security Number: _____
Seller 3: _____ Social Security Number: _____
Seller 4: _____ Social Security Number: _____

Marital Status: Married ___ Single ___ Other _____

Email addresses: _____

Property Address: _____

Forwarding Address: _____

Phone Number: Home _____ Work _____ Cell _____

Will Sellers be present at closing: YES NO Is there a MOBILE HOME on the property? YES NO

Outstanding Mortgage with _____ Phone Number: _____

Loan Number: _____

4. SECURE THE FOLLOWING (Please circle choice):

Abstract of Title: YES NO Location of Abstract: _____
Obtain Deed: YES NO
Obtain Title Opinion: YES NO
Obtain Lenders Title Insurance: YES NO Amount: \$ _____
Plat Sketch (for LP): YES NO
Obtain Owners Title Insurance: YES NO Amount: \$ _____

5. OTHER INSTRUCTIONS OR INFORMATION: _____

This form shows REQUIRED information and must be COMPLETELY filled out.