

Locations:

****Main Office/Mailing Address****

10 S. Erwin Street
Cartersville, Georgia 30120

1071 Nathan Dean Bypass
Rockmart, Georgia 30153

717 S. Wall Street
Suite B
Calhoun, Georgia 30701



ATTORNEY AT LAW

Your Contact Information for our office:

Bree@ChristinaRJenkins.com

Bree Dayton – Closer

April@ChristinaRJenkins.com

April Lanier - Closing Team

Kesia Lopez – SE HABLA ESPANOL

Phone: 770-387-7447

Fax: 770-387-7449

PRECLOSING INFORMATION – Seller

Seller(s): _____

****DOES SELLER LIVE IN ANOTHER STATE? () YES () NO -- What state? _____**
****IF YES, PLEASE NOTE THAT GA TAX WITHOLDING WILL BE TAKEN FROM SELLER PROCEEDS AT CLOSING ****

Property Address: _____

Phone: _____ () Home, () Work, () Cell

Email: _____

Social Security Number / Tax ID Number: _____

Sellers Forwarding Address: _____

Is the Seller a Georgia Resident? () Yes () No

Is the Seller a US Citizen? () Yes () No

Is the Seller a Resident Alien? () Yes () No

If multiple Sellers, are the Sellers married? () Yes () No

Is the Seller a Business? () Yes () No

**** If yes, please provide who will be signing on behalf of the company along with proper documentation of your active business. ****

Is the Seller a Trust or an Estate? () Yes () No

****** IF SO PLEASE PROVIDE OUR OFFICE WITH TRUST, PROBATE DOCS, DEATH CERTIFICATES, ETC. IMMEDIATELY******

Property Information:

Is there a mandatory Home Owners or Condominium Association? () Yes () No

If Yes, Please provide contact information.

Association name: _____

Contact person: _____

Phone: _____ email: _____

Is there a mobile home being sold with the property? () Yes () No

If so, do you hold the Titles and can you bring them to closing? () Yes () No

Please list all tax parcel ID numbers for this property: _____

Liens against you and/or the property:

Is there a current tax appeal pending on this property? () Yes () No

If yes, please list the tax years under appeal: _____

Are there any liens on the property? () Yes () No () Unknown

Additional Information:

Will all Sellers be attending closing? () Yes () No

Is there a Power of Attorney (POA)? () Yes () No

Is the Seller(s) wanting a Mail Away? () Yes () No

* Please be aware that all POAs must be reviewed and approved prior to closing and the original POA must be brought to the closing.

Are the sellers using the proceeds from the sale for another immediate closing? () Yes () No

Is the property involved in probate? () Yes () No

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ESPANOL



Mortgage Payoffs:

In order to obtain written payoffs, we need a completed Authorization to Release Payoff information, which is included with this information sheet.

******* Please let us know if there are multiple mortgages to be paid off at closing*******
******* IF YOU HAVE AN EQUITY LINE – PLEASE INCLUDE THAT INFORMATION AS WELL****

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Authorization to Release Payoff Information

Lender Name: _____

Loan Account Number: _____

Phone #: _____

SSN: _____

Is this loan a: () First Mortgage () Second Mortgage () Third Mortgage () Equity Line

Borrower(s) Name: _____

Property Address: _____

The undersigned hereby authorizes the above named Lender to release to Christina R. Jenkins, LLC and any of its employees acting on its behalf any and all payoff information associated with the loan account referenced above. Please furnish any and all pertinent payoff information to Christina R. Jenkins, LLC as they may require.

If this account allows for advances of a credit line, the undersigned requests and authorizes the Lender to block this account against all future draws. If the Lender makes additional advances, they will not be secured by the above referenced Property. Upon issuance if a payoff statement and receipt of payment based upon that statement, Lender will be obligated to release the Security Instrument securing the line of credit.

A photocopy of the Authorization bearing the signature of the undersigned may be deemed equivalent to the original.

Borrower: (All Borrowers on the above referenced loan must sign)

_____ date _____ date _____