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Seller Information Sheet

TO EXPEDITE THE CLOSING PROCESS, PLEASE ANSWER EACH QUESTION

NAME OF SELLER(S): _____

(If the property is held in an LLC, Trust, or an Estate, please provide us with the applicable documents)

PROPERTY ADDRESS: _____

SOCIAL SECURITY NUMBER(S): _____ **&** _____
(or TIN or EIN)

EMAIL: _____

SELLER(S) PHONE NUMBER(S): HOME _____
OTHER _____

FORWARDING ADDRESS: _____

ARE YOU A GEORGIA RESIDENT? O Y OR N O
WAS PROPERTY YOUR PRIMARY RESIDENCE 2 OUT OF THE LAST 5 YEARS? O Y OR N O

WILL ALL SELLERS BE PRESENT AT CLOSING*? O Y OR N O

**In the event the Buyer or Seller cannot attend closing and a Mail-Away Package in lieu of a Power of Attorney is needed, additional fees may apply*

IF YOUR ANSWER IS NO, WILL YOU NEED A POWER OF ATTORNEY? O Y * OR N O

IF YES AND YOU WILL NEED OUR OFFICE TO PREPARE A POWER OF ATTORNEY RELATED TO THE SALE OF THIS PROPERTY, INDICATE THE NAME, PHONE #, AND EMAIL OF THE PERSON WHO WILL REPRESENT YOU:

NAME: _____

PHONE#: _____ **EMAIL:** _____

_____ *(Initial)* A CHARGE OF \$100 PER POA WILL BE REFLECTED ON THE SETTLEMENT STATEMENT AT CLOSING.

IS THERE A HOMEOWNER OR CONDO ASSOCIATION? O Y OR N O

IF YES, ASSOCIATION MANAGEMENT COMPANY NAME: _____
OR TREASURER'S NAME: _____

PHONE NUMBER: _____ EMAIL: _____

MONTHLY/ANNUAL DUES: _____

MORTGAGE INFORMATION: [THIS INCLUDES ANY HOME EQUITY OR LINE OF CREDIT ACCOUNTS]

1ST MORTGAGE:

COMPANY NAME: _____
ACCOUNT #: _____
CUSTOMER SERVICE PHONE #: _____

2ND MORTGAGE:

COMPANY NAME: _____
ACCOUNT #: _____
CUSTOMER SERVICE PHONE #: _____

I/we hereby authorize you to release any and all information regarding my/our payoff to the above-referenced firm either verbally or in writing.

X _____ Date: _____

X _____ Date: _____

NOTE: PLEASE BE SURE TO CANCEL ANY AUTOMATIC DRAFTS FOR YOUR LOAN(S)

Please Return Form to:

James D. Benefield, III – Attorney at Law
Attn: Ashley Lofquist
912-638-5205 - Phone
912-638-5344- Facsimile
Email: ashley@benefieldlaw.net