

Attn:	File#		
Property Address:			
Property Tax ID No.:	C	County:	
jaryd@jpgattorneys.com as soon a	is possible. Your attention given in the to help ensure your closing go	al on our website, or email to nis matter is greatly appreciated. The es smoothly. If we can be of any	
Name(s) of BUYER(S)/SELLER(S) 1) 2)		EIN/SS# SS#	
	BUYER/SELLER CONTACT		
CELL:	WORK:	HOME:	
EMAIL:	FORWARDING ADDRESS:		
<u> </u>	ADDITIONAL BUYER INFORMATION	<u>ON</u>	
Earnest Money Deposit (Wire/Che	ck) Amount of EMD:	Date Due:	
Cash Loan			
Lender (if Loan):	; Lender Contact		
Loan Amount:			
Agent/Broker Information:	(Agent) _	(Brokerage)	
Agent/Broker Contact:			
<u>A</u>	ADDITIONAL SELLER INFORMATI	<u>ON</u>	
Forwarding Address:			
Agent/Broker Information:	(Agent) _	(Brokerage)	
Agent/Broker Contact:			

IF SELLER IS A CORPORATE ENTITY, PLEASE FAX A RESOLUTION GIVING AUTHORITY TO SELL & REMEMBER TO BRING YOUR CORPORATE SEAL TO CLOSING

IF SELLER IS an LLC, PLEASE PROVIDE ARTICLES OF ORGANIZATION, OPERATING AGREEMENT AND RESOLUTION

> 500 Buford Hwy, Ste 1001-111, Suwanee, GA 30024 jaryd@jpgattorneys.com 678-464-4311



& ASSOCIATES, LLC

*** PAYOFF Information (1st, 2nd Mortgages and Equity Lines of Credit):

1 st :	LOAN#:	PHONE:
2 nd :	LOAN#:	PHONE:
DISCLOSE ALI	L EQUITY LINES WITH OR WIT	HOUT BALANCES
Is there a Mandatory Homeowners	Association (HOA)? Y	ESNO
	ter than 5 days PRIOR to closing	ne responsible party (buyer/seller) and J. Certain HOA Co/Assoc. charge "rush
Name of HOA:	EMAIL/PHONE:	CONTACT:
	OF STATE AND THE PROPER R 2 OF THE LAST 5 YEARS, YO WITHHOLDING TAX**	TY BEING SOLD WAS NOT THE OU MAY BE SUBJECT TO A 3%
	CLOSING, THERE IS A \$195.00 ASE ADVISE IF THESE SERVIC	POWER OF ATTORNEY FEE AND ES WILL BE REQUIRED**
****POWER OF A	ATTORNEY MUST BE A DISINTE	ERESTED PARTY***
*IF THIS IS A FHA, VA LOAN, O TERMITE LET IF BUYER AND SELLER DO NO "SPLIT CLOSING FE * * ALL FUI ***IF SELLER WOULD LIKE PRO	TER AND BRING THE ORIGIN, OT ATTEND CLOSING TOGETH EE" WILL BE ASSESSED IN THI NDS DUE FROM SELLER MUS	E LENDER, PLEASE PROVID THE AL TO CLOSING* HER (DIFFERENT TIMES/DAYS) A E AMOUNT OF \$150.00 T BE WIRED** /IDE BANK ROUTING# AND ACCT#.
CUSTOMER AL	JTHORIZATION/LIMITED POW	ER OF ATTORNEY
PURPOSE OF CLEARING TITLE,		ECEIVE INFORMATION FOR THE G PAYOFFS AND RELEASES FROM S IN CHAIN OF TITLE.
BUYER(S)/SELLER(S)		
NAME:	DATE	
NAME:	DATE	