



EXECUTIVE TITLE  
OF FLORIDA, INC.

170 E. Bloomingdale Avenue, Brandon, FL 33511  
813-681-8428 phone \* 813-681-8620 fax  
[Tara@ExecutiveTitleFL.com](mailto:Tara@ExecutiveTitleFL.com)

**SELLER INFORMATION SHEET**

Property Address:

\_\_\_\_\_

\_\_\_\_\_

#1 Seller Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ US Citizen: YES \_\_\_\_\_ NO \_\_\_\_\_  
CIRCLE ONE: unmarried man / married man / unmarried woman / married woman / married to each other

#2 Seller Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ US Citizen: YES \_\_\_\_\_ NO \_\_\_\_\_  
CIRCLE ONE: unmarried man / married man / unmarried woman / married woman / married to each other

Was this property your primary residence? YES \_\_\_\_\_ NO \_\_\_\_\_

Mailing Address After Closing \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_  
Contact email: \_\_\_\_\_  
Do you prefer to be contacted by phone or email? \_\_\_\_\_

**PAYOFF INFORMATION:**

First Mortgage:  
Name of Lender: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_

Second Mortgage:  
Name of Lender: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_

Homeowner's / Condominium Owner's Association  
Name of Association #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Management Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Association #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Management Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*\*Please note that some associations require an upfront fee to order an estoppel, which is a required document for closing. We may contact you for payment.\*\*

• Is there a mobile home on the property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you have the original mobile home titles? Yes \_\_\_\_\_ No \_\_\_\_\_

• Was the property purchased less than 3 years ago? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide us with a copy of your prior owner's title policy as you could be eligible for a credit at closing.

• Do you have a prior survey of the property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, have any structural changes been made to the property, such as a patio or fence?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please provide us with a copy of the survey when you return this form.

• Will you be attending closing? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please provide us with a physical address to overnight the documents:

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• Will you be using a Power of Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide us with a copy of the Power of Attorney when you return this form.  
The original will need to be provided at closing for recording.