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**CLOSING INFORMATION**

Sale Price: _____

Closing Date: _____

PROPERTY INFORMATION

Full Address: _____

Parcel Id Number(s): _____ Property Being Split: Yes No

Abstract: Yes No Prior Title Insurance Policy: Yes No Septic Compliant: Yes No

SELLER'S INFORMATION

Full Name(s): _____

Current Mailing Address: _____

Address After Closing: _____

Phone: _____ Email: _____

Will Attend Closing: Yes No Power of Attorney: Yes No

BUYER'S INFORMATION:

Full Name(s): _____

Current Mailing Address: _____

Address After Closing: _____

Phone: _____ Email: _____

Will Attend Closing: Yes No Power of Attorney: Yes No

FINANCING INFORMATION:

Lender: _____ Contact: _____

Phone: _____ Email: _____

REALTOR INFORMATION:

Listing Agent: _____ Selling Agent: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Broker Admin: Yes No Amount: _____ Broker Admin: Yes No Amount: _____

Commission Percent: _____ Commission Split: _____ Earnest Money: _____

ADDITIONAL INSTRUCTIONS: