

# Rahall & Associates, P.C.

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email: [mstandish@betterclosings.com](mailto:mstandish@betterclosings.com) ♦ web page: [www.betterclosings.com](http://www.betterclosings.com)

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## SELLER INFORMATION SHEET

**TO EXPEDITE THE CLOSING PROCESS, PLEASE ANSWER EACH QUESTION**

NAME OF SELLER(S): \_\_\_\_\_

SELLING ADDRESS: \_\_\_\_\_ Zip \_\_\_\_\_

SOCIAL SECURITY NUMBER(S): \_\_\_\_\_  
\_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SELLER(S) PHONE NUMBER(S): Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Fax: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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### MORTGAGE INFORMATION:

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

#### 1<sup>ST</sup> MORTGAGE

COMPANY'S NAME: \_\_\_\_\_

ACCOUNT

NUMBER: \_\_\_\_\_

CUSTOMER SERVICE PHONE NUMBER: \_\_\_\_\_

**\*WILL YOU MAKE YOUR CURRENT (MONTH OF CLOSING) PAYMENT? Y OR N**

A). IF YOUR ANSWER IS YES, WHEN WILL YOU BE MAKING YOUR PAYMENT? \_\_\_\_\_.

B). DO YOU HAVE AN ESCROW ACCOUNT? \_\_\_ YES \_\_\_ NO.

#### 2<sup>ND</sup> MORTGAGE

COMPANY'S NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CUSTOMER SERVICE PHONE NUMBER: \_\_\_\_\_

WILL YOU MAKE YOUR CURRENT (MONTH OF CLOSING) PAYMENT? Y OR N

**PLEASE USE SEPARATE PAGE IF THERE ARE ANY ADDITIONAL MORTGAGES ON THE PROPERTY.**

**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.**

\_\_\_\_\_ & \_\_\_\_\_

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WILL THE PROPERTY YOU ARE SELLING BE ENTITLED TO A PROPERTY TAX HOMESTEAD EXEMPTION OF THE CURRENT YEAR? \_\_\_\_\_ YES \_\_\_\_\_ NO

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ARE YOU A GEORGIA RESIDENT? \_\_\_\_\_  
YES NO

IF NO, WAS PROPERTY YOUR PRIMARY RESIDENCE FOR TWO OUT OF THE LAST FIVE YEARS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, WHAT IS YOUR TAX BASIS IN THE PROPERTY? \$ \_\_\_\_\_

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WILL SELLER(S) BE PRESENT AT CLOSING? \_\_\_\_\_  
YES NO

IF YOUR ANSWER IS NO, WILL YOU NEED A POWER OF ATTORNEY OR DO YOU REQUEST TO HAVE YOUR PACKAGE SENT TO YOU?

IF YOU WILL NEED OUR OFFICE TO PREPARE A POWER OF ATTORNEY, PLEASE INDICATE THE NAME AND PHONE NUMBER OF THE PERSON WHO WILL REPRESENT YOU:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

THE CHARGE TO PREPARE AND RECORD A POWER OF ATTORNEY IS \$60.00.

IF YOU WILL NEED YOUR PACKAGE SENT TO YOU, PLEASE PRINT THE MAILING ADDRESS BELOW. THE CHARGE TO PREPARE AND MAIL/OVERNIGHT A PACKAGE (WITH RETURN OVERNIGHT LABEL) IS \$75.00.

\_\_\_\_\_  
\_\_\_\_\_

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IS THERE A HOMEOWNER OR CONDO ASSOCIATION?

ASSOCIATION/MANAGEMENT COMPANY NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

FAX: \_\_\_\_\_

MONTHLY DUES: \$ \_\_\_\_\_ OR

ANNUAL DUES: \$ \_\_\_\_\_

THANKS!