



1015 PRINCE EDWARD STREET  
 FREDERICKSBURG, VA 22401  
 PHONE (540) 310-4804  
 FAX (540) 310-4807

10708 BALLANTRAYE DRIVE, SUITE 204,  
 FREDERICKSBURG, VA 22407  
 PHONE (540) 891-4055  
 FAX (540) 891-6440

**Property Address:** \_\_\_\_\_

We will need to collect some important information about you with the enclosed form. The information you provide is required to process the necessary documents for closing and it is extremely important that we receive all of the information as quickly as possible. Otherwise, closing may be delayed. Once we have received the completed form, we will get to work!

Seller 1 Name as it appears on your deed: _____ SSN# _____ Phone (H) _____ Phone (W) _____ Phone (C) _____ E-mail address _____	Seller 2 Name as it appears on your deed: _____ SSN# _____ Phone (H) _____ Phone (W) _____ Phone (C) _____ E-mail address _____
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**Current Lender Information (1<sup>st</sup> Mortgage)**

Lender Name \_\_\_\_\_  
 Loan Number \_\_\_\_\_ Customer Service # \_\_\_\_\_

**Current Lender Information (2<sup>nd</sup> Mortgage, if applicable)**

Lender Name \_\_\_\_\_  
 Loan Number \_\_\_\_\_ Customer Service # \_\_\_\_\_

**Seller Authorization**

I/We do hereby authorize The Title Professionals, LLC to obtain any information necessary to process my/our sale. This authorization includes payoff figures or Release of Judgments, according to their request. Should there be any problems, I/we may be reached at \_\_\_\_\_.

Thank you,

\_\_\_\_\_ Date

\_\_\_\_\_ Date

**If there is a Home Owner's Association, please provide:**

HOA Name: \_\_\_\_\_ Management Company (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Questionnaire**

**1. What is your current marital status?**

Married  Single  Legally Separated  Divorced/In Process of Divorce  Widow/Widower

**2. Are any of the sellers involved in a current bankruptcy proceeding?**

Yes  No

**3. Is each seller a U.S. Citizen or Permanent Resident?**

Yes  No If No, please provide details: \_\_\_\_\_

**4. Will you be using a Power of Attorney?**

Yes  No

\*If you plan to use a Power of Attorney, please contact The Title Professionals right away. We will not be able to conduct a closing for your sale if the Power of Attorney is not approved by our underwriters prior to closing.

**5. Seller's state(s) of residency: \_\_\_\_\_**

**6. Will you need a mail-away closing?**

Yes  No If Yes, please provide address to FedEx documents:

\_\_\_\_\_

**7. Is the home being sold your principal residence, second home, or an investment property?**

Principal Residence  Second Home  Investment Property

**8. Does the property being sold consist of more than one parcel?**

Yes  No If Yes, please provide details: \_\_\_\_\_

**9. Are there any additional items being conveyed with the property (i.e. parking spaces, storage units, etc.)?**

**10. Please provide us with the forwarding address for each Seller:**

Seller 1 forwarding Address:

\_\_\_\_\_

\_\_\_\_\_

Seller 2 forwarding Address:

\_\_\_\_\_

\_\_\_\_\_