



# SLEPIAN, SCHWARTZ AND LANDGAARD

ATTORNEYS AT LAW

## SELLER INFORMATION FORM

DATE: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_

LISTING AGENT: \_\_\_\_\_ FAX: \_\_\_\_\_

FROM: \_\_\_\_\_ ESTIMATED CLOSING DATE: \_\_\_\_\_

BORROWER(S): \_\_\_\_\_

SELLERS(S): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

To assist us in expediting your closing, please complete the information below to the best of your knowledge:

Are there any Owners/Sellers deceased? \_\_\_\_\_yes \_\_\_\_\_no

Are the Sellers residents of Georgia? \_\_\_\_\_yes \_\_\_\_\_no

Is the property being sold the Sellers primary residence? \_\_\_\_\_yes \_\_\_\_\_no

Forwarding Address for the Sellers: \_\_\_\_\_  
\_\_\_\_\_

Email Address for the Sellers: \_\_\_\_\_

Telephone Numbers for the Sellers: (H/C) \_\_\_\_\_ (W) \_\_\_\_\_

Sellers' Social Security Numbers: SS# \_\_\_\_\_ SS# \_\_\_\_\_

Is the property subject to any Homeowners Association Fees? \_\_\_\_\_yes \_\_\_\_\_no

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dues: \$ \_\_\_\_\_ Monthly or Annually

Please fax this completed form (ALONG WITH THE SELLER AUTHORIZATION FORM) to me as soon as possible at 770.631.2340 or email to [closing@slepianfirm.com](mailto:closing@slepianfirm.com). This will help us close the transaction on the property described above in a more timely and efficient manner. Thank you for your help!