



www.gallotitleservices.com | Phone: 603-658-1200 | 91 Portsmouth Avenue, Stratham, NH 03885

GALLO TITLE SERVICES, LLC will be handling the closing on your property and will need specific information in order to prepare the closing documents. Kindly provide us with the following, so that we may provide a smooth closing:

BUYER INFORMATION:

NAME _____ SS Number _____ Marital Status _____

Contact Numbers: Cell _____ Home _____ Office _____

E-mail Address: _____

NAME _____ SS Number _____ Marital Status _____

Contact Numbers: Cell _____ Home _____ Office _____

E-mail Address: _____

Relationship (i.e., husband and wife, father and son, etc.) _____

How do you plan to hold title ? Individually / Joint Tenants with Rights of Survivorship* / Tenants in Common**
Trust / LLC / Corporation / Other (circle one)

*If one owner passes, full ownership transfers to the other owner. **If one owner passes, their percentage transfers to their estate.

If title is to be held in Trust, please provide a copy of your Trust documents; If title is to be held in an LLC or Corporation, please provide corporate organizational documents.

Will the property you are purchasing be your primary residence? Y/N (circle one)

Confirm Property Address: _____

Current Address : _____

HOMEOWNERS' INSURANCE INFORMATION:

Your lender will require that we collect a homeowner's insurance binder/policy at closing (condominium and land closings excluded). If the property is a condo, the lender requires a copy of the HO-6 policy (a substitute homeowner's policy for owners of condos) and Declaration page of the Master condo policy. We absolutely cannot schedule the closing with your lender until we have the following information:

First Year Annual Premium \$ _____

Insurance Company: _____

Agent's Telephone Number: _____

_____ I will pay the premium prior to closing and the payment will be reflected on the insurance binder.

_____ I do not plan to pay the premium prior to closing and would like the premium added to the Settlement Statement to be paid at closing.

COPIES of the closing documents will be provided to you at the closing. Please indicate the preference:

_____ USB flash drive or _____ Paper

Owner's Title Insurance Choice: _____ *****Enhanced _____ Standard ** Please contact Kelly Davis at kdavis@gallotitle.com to request information regarding Owner's Title Insurance and follow up with her to discuss your options.

*****NOT AVAILABLE ON INVESTMENT PROPERTY**

AUTHORIZATIONS:

I/We authorize Gallo Title Services to provide the Closing Disclosure and ALTA Settlement Statement to my Real Estate Agent listed in the Purchase and Sale Agreement.

I/We authorize Gallo Title Services to order a property insurance binder and to request any changes to the binder required by my lender.

Please note that your hand-written signature is preferred, as electronic signatures are not universally accepted.

Date

Date

PLEASE RETURN TO:

GALLO TITLE SERVICES, LLC
91 Portsmouth Avenue
Stratham, NH 03885

Phone: 603-658-1200
Fax: 603-658-1204

Email: kdavis@gallotitle.com
www.gallotitle.com