

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:

SELLER INFORMATION:

Name:	SS Number:		Marital Status
Name:	SS Number:		Marital Status
If married, but not to Co-Seller	, please advise as to	spouse's name	:
Telephone numbers where you	-		Evening:
The deed will be prepared by:			
Your Attorney	Name / Phone #		
Is the property you are selling your current address:	our primary residenc	e?Y/N(circle	one) If not, kindly advise as to
Please provide the following Info	o on the property:	Water/Sewer	or Well/Septic
Your current mortgage informati	on:		
Name and address of le 1 st Mortgage:	ending institutions:	Equity Line	/2 nd Mortgage:
 Phone# Acct. #		Phone# Acct. #	
Any other mortgages or	liens (i.e. private mo	ortgages)	
Contact Phone#		_	
The undersigned authorizes Ga loan(s)	llo Title Services, LL	C to receive any	loan or insurance information with regard to my/our
If the subject property is a Cond Fee Statement from the Asso	Date lominium, please not ociation prior to closir	e we will need a ng.	Date copy of the Master Insurance Policy and a Condo
Condo Association Contac	t:	Phor	ne#

If the subject property is a Homeowner's Association, please note we will need the name and phone number of the person who handles the HOA dues, prior to closing.

HOA Contact: ______ Phone# _____

Copies of the closing documents will be provided to you at the closing. Please indicate the preference: _____USB flash drive OR _____Paper -

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