

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 may be reached: Daytime: _____ Evening: _____

e-mail: _____

The deed will be prepared by: _____ Gallo Title Services, LLC - Fee: \$175.00

Your Attorney _____ Name / Phone # _____

Is the property you are selling your primary residence? Y / N (circle one) If not, kindly advise as to your current address: _____

Please provide the following Info on the property: Water/Sewer _____ or Well/Septic _____

Your current mortgage information:

Name and address of lending institutions:
1st Mortgage: _____

Equity Line/2nd Mortgage: _____

Phone# _____
Acct. # _____

Phone# _____
Acct. # _____

Any other mortgages or liens (i.e. private mortgages)

Contact Phone# _____

The undersigned authorizes Gallo Title Services, LLC to receive any loan or insurance information with regard to my/our loan(s)

_____ Date _____ Date

If the subject property is a Condominium, please note we will need a copy of the Master Insurance Policy and a Condo Fee Statement from the Association prior to closing.

Condo Association Contact: _____ Phone# _____

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