CAPPA TITLE INC.

1229 Central Avenue St. Petersburg, Florida 33705

TELEPHONE: (727) 821-0999 FACSIMILE: (727) 821-0995

Buyer Information Sheet

Buyer: Property:

Our office will be coordinating the closing on your purchase. To expedite the handling of your escrow, please complete the following accurately and return it via email to <u>jill@cappatitle.com</u> or by fax at 727-821-0995

1.! Please indicate an address and telephone number at which you can be contacted

with notification of closing details.

Present Mailing Address:

Telephone Number:

Email Address:

2.! a.) How would you like your name to appear on the Warranty Deed? (You can choose to include your full middle name, just the first letter, or not include your middle name at all.

Buyer 1:	Social Security #:
Buyer 2:	Social Security #:

b.) **<u>Vesting Instructions</u>**: Please designate how you wish to hold title:

\Box husband and wife		
\Box An unmarried man	\Box An unmarried woman (<i>Married at one time</i>)	
\Box A single man	\Box A single woman (<i>Never been married</i>)	
□ A widower	□ A widow	
□ Other: (Trust/Partnership/LLC, etc.):		

PLEASE NOTE: When vesting in your **Trust**:

If you are obtaining a new loan please verify that your lender will loan to your Trust. Please provide copies of the <u>**Trust Certification**</u> or <u>**Title and Signature**</u> pages of your Trust to assist in document preparation.

3. Closing day: Choose how your closing will take place.

- a.) \Box I intend to be present for closing. *Closing Time Preference*: _____A.M _____P.M
- b.) \Box I will close by mail?
- 4. <u>MAILING ADDRESS AFTER CLOSING:</u> Indicate what mailing address you wish to receive your Owner's Title Insurance Policy and Recorded Warranty Deed. This will be mailed to you AFTER closing in approximately 30 days.
 - \Box Same address provided above
 - □ Property I am purchasing
 - Different address:

5. **<u>NEW PROPERTY OCCUPANCY:</u>** Will the subject property be your Primary Residence?

YES 🗆 NO 🗆

6. IF OBTAINING A NEW LOAN, COMPLETE THE FOLLOWING:

 Name of Lending Institution:

 Contact Person:
 No:

E-mail Address: _____

**<u>SURVEY AUTHORIZATION FORM</u> (pg 3): If you have a lender involved in this transaction, a survey is required in order to delete an exception on your loan policy. Please read carefully and sign the authorization form giving us permission to order such survey. (*Please note... We do wait until after the inspection period and get further along in the transaction before ordering the survey.*

7. Any other information you may wish to add.

PLEASE NOTE- ONLY WIRE TRANSFERS CAN BE ACCEPTED. FUNDS MUST BE WIRED THE DAY BEFORE CLOSING.

WARNING!!!*** PLEASE CALL OUR OFFICE TO VERIFY THE WIRE INSTRUCTIONS BEFORE YOU INITITATE A WIRE TRANSFER TO OUR OFFICE. CYBERFRAUD IS REMPANT! EMAIL HACKERS HAVE INTERCEPTED AND ALTERED WIRE INSTRUCTIONS, RESULTING IN LOSS OF THE SENDER OF FUNDS!!

Thank you for your cooperation. Please sign and date below:

Date:____

PROPERTY ADDRESS:

The undersigned buyers instruct Cappa Title Inc. to request a survey for closing on the above described property from _____

(NOTE: If no surveyor information is completed by the undersigned buyers, then Cappa Title. Inc. will request the survey from NEXGEN Surveying. The estimated cost for a standard land survey is \$300.00-\$485.00 depending on if a Flood Elevation Certificate is needed).

The buyers herein acknowledge that Cappa Title Inc. is requesting the survey as a courtesy to the buyers to meet the conditions of their lender. Cappa Title Inc. does not require a buyer to obtain a survey for closing. When it is necessary to meet a lender's demand for title, then Cappa Title Inc. provides the service of requesting the survey as a convenience only. The undersigned agree to pay for all costs associated with the survey. The charges for same may be paid at closing. In the event that the closing does not occur but the survey is completed, then the undersigned agree to pay for the surveyor's services.

Date	

_ Date
