

CAPPA TITLE INC.

1229 Central Avenue  
St. Petersburg, Florida 33705

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

Seller Information Sheet

Seller:  
Property:

The following is some information we will need from you as the seller in order to further process the file and ensure a timely closing . PLEASE complete the information accurately and return it via email to [jill@cappatitle.com](mailto:jill@cappatitle.com).

- 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.) **Name, and marital status of all Seller(s)**

\_\_\_\_\_  Married  Single  Divorced  Widowed

\_\_\_\_\_  Married  Single  Divorced  Widowed

- 3. **This Property is** (check only one):  Homestead Property  Investment Property

- 4. Do you have a copy of your **Owner's Title Insurance Policy** ?  Yes  No

**If YES, please attach a copy of your policy.**

5. Have you had a **SURVEY** done on your property within the last 10 years AND have made "NO" structural changes to the property? (ex...pool, shed, improvements)

YES... (If so, please attach a copy of your survey)

**OR**

No, I do not have a current survey.

**\*\*IMPORTANT:** Will a surveyor be able to have full access to the outside of your property (ex... locked gate, dog outside)? Yes, no obstructions No, surveyor will not have full access because.....

6. **Choose how your closing will take place.**

a.)  I intend to be present for closing. **Closing Time Preference:** \_\_\_\_ A.M \_\_\_\_ P.M

b.)  I will close by mail?

7. Does the property have a **HOMEOWNERS ASSOCIATION?** \_\_\_\_ Yes \_\_\_\_ No

**If YES, list HOA's contact information.**

\_\_\_\_\_  
\_\_\_\_\_

8. **Current Mortgage Information:** (Name of Bank(s), Loan Numbers, Customer Service Phone Number **OR** attach a copy of your Mortgage Statement.)

\_\_\_\_\_  
\_\_\_\_\_

9. **AFTER** the sale, please list if you will have a forwarding address:

Forward Address: \_\_\_\_\_

10 **How would you like to receive your proceeds?**

I will pick up a check

My Realtor will pick up my Check

Please mail my Check( Regular mail-no charge/

Wire to my Bank (Wire Fee- \$35.00)

Overnight Delivery- \$35

If you would like your Check to be Mailed, where to?

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

\_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Seller 1:

Seller 2

AUTHORIZATION FOR RELEASE  
OF MORTGAGE INFORMATION

In order to process the required Lender's mortgage title insurance and to assist you in the refinance of your mortgage or sale of property, we need your written authorization for the release of certain information regarding your current mortgage(s), credit accounts and your present mortgage application.

By signing this form, you authorize John R. Cappa, PA; Cappa Title Inc., Jill Palochak, Title Agent to obtain payoff information and discharge information regarding your present mortgage(s) and credit accounts.

Any information received under this authorization will be used solely to process the required mortgage title insurance and to assist you in your refinance or sale. This information will not be disclosed to any other agency without your prior written permission.

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**AUTHORIZATION IS HEREBY GIVEN FOR RELEASE TO INCLUDE JOHN R. CAPPA, PA, CAPPA TITLE INC., JILL PALOCHAK, TITLE AGENT OF ANY AND ALL INFORMATION CONCERNING MORTGAGE VERIFICATION, PAYOFF, AND DISCHARGE INFORMATION, CREDIT ACCOUNT DISCHARGE INFORMATION, MORTGAGE APPLICATION, MORTGAGE COMMITMENT, MORTGAGE CLOSING COSTS AND CLOSING DATE AND TIME REGARDING MY (OUR) MORTGAGE APPLICATION AND CLOSING.**

THE UNDERSIGNED FURTHER AUTHORIZES THE USE OF A COPY OF THIS FORM TO BE USED AS AN ORIGINAL.

\_\_\_\_\_  
Signature (DATE)

\_\_\_\_\_  
Signature (DATE)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number