

**SOUTHEAST TITLE INSURANCE
CLOSING WORKSHEET**

- MAIN OFFICE..... (352) 683-8988
FAX..... (352) 683-9857
- PARK PLACE (352) 596-5341
FAX..... (352) 596-1782
- HERNANDO BEACH(352) 592-0055
FAX..... (352) 592-0330
- TAMPA OFFICE ... (813) 902-0040
FAX..... (813) 902-0043

TITLE INSURANCE ORDERED: DATE: _____

PROPERTY ADDRESS: _____

CLOSING DATE: _____ PURCHASE PRICE: _____

NOTE: PREVIOUS OWNERS TITLE INSURANCE POLICY MUST BE ATTACHED IN ORDER TO RECEIVE REISSUE RATE!

SELLERS AND BUYERS INFORMATION

SELLERS: NAME: _____

MARITAL STATUS _____ **SOC. SEC. #** _____

MARRIED ADDRESS (If different from above) _____

SINGLE

PHONE # _____ SELLER WILL ATTEND CLOSING YES ___ NO ___

PRESENT MORTGAGEE: _____

LOAN # _____

BUYERS: NAME: _____

MARITAL STATUS _____

MARRIED (Exactly as it is to appear on the Deed)

SINGLE

ESTATE TO BE CREATED (Must check one)

Estate by the entireties (husband and wife)

Joint Tenants with Full Rights of Survivorship, and not as Tenants in Common
(other than husband and wife)

Tenants in Common (state percentage of ownership)

Single

CURRENT ADDRESS: _____

PHONE # _____ BUYER WILL ATTEND CLOSING YES ___ NO ___

PROPOSED MORTGAGEE: _____

IS THIS A MOBILE HOME? YES NO

EARNEST MONEY: Currently Held \$ _____ HELD BY: _____

Additional Amount Due \$ _____ BY: _____ (Date)

Total Earnest Money \$ _____

TOTAL COMMISSION % _____ or \$ _____

TRANSACTION FEES \$ _____ PAYABLE TO: _____ CHARGE TO: BUYER SELLER

\$ _____ PAYABLE TO: _____ CHARGE TO: BUYER SELLER

PAYABLE: \$ _____ CO: _____ LISTING AGENT: _____

PHONE # _____

\$ _____ CO: _____ SELLING AGENT: _____

PHONE # _____

PHONE: _____ FAX: _____

TERMITE INSPECTION: YES ___ NO ___ DATE ORDERED: _____ PAID BY: SELLER ___ BUYER ___

TERMITE CO.: _____ PHONE: _____

SURVEY: YES ___ NO ___ DATE ORDERED: _____ PAID BY: SELLER ___ BUYER ___

SURVEYOR: _____ PHONE: _____

HOME PROTECTION PLAN: YES ___ NO ___ AMT \$ _____ PAID BY: SELLER ___ BUYER ___

HOME PROTECTION CO.: _____

FINANCIAL INFORMATION

IS THIS A FOREIGN INVESTOR? _____

* THIS FORM PREPARED BY: _____ DATE _____

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