



Southeast Title
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CLOSING WORKSHEET

ORDER DATE: _____ CLOSING DATE: _____ PURCHASE PRICE: _____

PROPERTY ADDRESS: _____

**** NOTE: PREVIOUS OWNERS TITLE POLICY MUST BE ATTACHED TO RECEIVE REISSUE RATE****

SELLER'S NAME: _____

SELLERS PHONE: _____

SELLER CURENT ADDRESS: _____

SELLER FORWARDING ADDRESS: _____

MARITAL STATUS: _____ MAIL AWAY: _____

EMAIL: _____

SOCIAL SECURITY NUMBER WILL BE REQUIRED FOR CLOSING TRANSACTION

FRIST MORTGAGE PAYOFF INFO: _____

SECOND MORTGAGE PAYOFF INFO (IF ANY): _____

IS THE SELLER A FOREIGN INVESTOR: _____ YES. _____ NO.

IS THIS A MOBILE HOME: _____

BUYER'S NAME: _____

BUYERS PHONE: _____

BUYER ADDRESS: _____

ADDRESS FOR DEED: _____

MARITAL STATUS: _____ MAIL AWAY: _____

EMAIL: _____

LISTING AGENT _____

REAL ESTATE COMPANY: _____

EMAIL _____ Phone: _____

SELLING AGENT _____

REAL ESTATE COMPANY: _____

EMAIL _____ Phone: _____

COMMISSION: _____ SPLIT: L _____ / S _____

TRANSACTION FEE: _____ PAYABLE TO: _____