



Landmark Title of Racine

Ph: 262-632-6262 Fax: 262-632-6243 E-mail: search@landmarktitleracine.com

Sale of Real Estate: For Sale by Owner Form

Ordered by: _____ Ph: (home) _____ Ph:(cell) _____

Mailing address: _____

Date ordered: _____ Sales price _____

Owners (Seller) Names: _____ Ph: (if different than above) _____

Property Address: _____

Buyers Names: _____ Phone: _____

Buyers Mailing Address: _____

Buyers Lender: _____ Contact Person: _____

Address of lender: _____ Phone: _____

_____ Fax: _____

_____ E-mail: _____

Do you have a prior title? ___no___ yes___ if yes fax to 262-632-6243

Contract Closing Date: _____

Copies to: (any Attorneys or Realtors please list w/ addresses) (*Seller, buyer, lender automatically receive a copy*)

Do you want Landmark Title to provide Closing Statements, Deed, and Transfer Return?

___ yes * (continue to page 2 we need additional information)

___ no (who is preparing these statements for you? _____)

(thank you, we should have all the information we need at this time)

Information Needed For Landmark Title to prepare documents
(Closing Statements, Deed, Transfer Return)

***** Please fax the following to: 262-632-6243**

1. COMPLETE copy of your OFFER TO PURCHASE 2. Seller's authorization to release mortgage loan information
Please complete the following information if it is not already included in the information you will be faxing:

Type of Transfer: Sale Exchange Gift Deed in Satisfaction of Land Contract

Property Information:

Type of Heat: If not natural gas what source? _____ Type of Water: Municipal Well
Type of Sanitation: Municipal Private Septic
Property: Single Family *Multifamily (#of units) Commercial ****** condominium vacant land
*** If multi-family, please complete the following:**

UPPER:

Vacant: yes no Owner occupied Tenant occupied
Lease terms? _____ (month to month? Year? Etc.)
Rent due date: _____ Rent amount: _____
Security deposit Yes Amount \$ _____ No
Tenants Name(s) _____

LOWER:

vacant: yes no owner occupied tenant occupied
Lease terms? _____ (month to month? Year? Etc.)
Rent due date: _____ Rent Amount: _____
Security deposit yes Amount \$ _____ No
Tenant's Name (s) _____

**** If condominium or homeowner's association, please complete the following:**

Association Name: _____
Contact Person: _____ Phone # _____
Address: _____

Sellers Information:

Social Security number(s) or FEIN(s) _____
Marital Status: married unmarried Is seller related to the buyer? _____
Is this seller's primary residence? yes no
Seller's new address: _____

Seller's current loan information

	Lender Name	Lender's Phone	Loan Number
*1.	_____	_____	_____
*2.	_____	_____	_____
*3.	_____	_____	_____

*** Please have seller sign authorization to release mortgage information for each loan listed**

Buyers Information:

Social Security number(s) or FEIN(s) _____
Marital Status: married unmarried
Will this be buyer's primary residence? yes no

Earnest Money & Commissions

\$ _____ Earnest Money Who has earnest money? _____
Is the earnest money deducted from the proceeds?
 yes (Seller will keep earnest money) no (earnest money check brought to closing)
Any Realtor or Attorney's fees paid at closing no yes \$ _____

Closing Information:

Tentative Closing Date: _____

THANK YOU FOR YOUR ORDER!