



Landmark Title of Racine

Ph: 262-632-6262 Fax: 262-632-6243 E-mail: epeterson@lmt123.com

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)

***Additional 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!