

**All American Title**

679 West Lumsden Road, Brandon, FL 33511

Ph: (813) 684-3330 Fax: (813) 689-6659

Email: [brandonoffice@allamtitle.com](mailto:brandonoffice@allamtitle.com)

**SELLER INFORMATION SHEET**

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Was this property your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

#1 Seller Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ US Citizen? Yes \_\_\_\_ No \_\_\_\_

Circle one: husband and wife / married couple / unmarried man / married man /  
unmarried woman / married woman

#2 Seller Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ US Citizen? Yes \_\_\_\_ No \_\_\_\_

Circle one: husband and wife / married couple / unmarried man / married man /  
unmarried woman / married woman

Past or present military? Yes \_\_\_\_\_ or No \_\_\_\_\_

Mailing Address After Closing: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Payoff Information:**

**First Mortgage:**

Name of Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

**Second Mortgage:**

Name of Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

**Homeowner's / Condominium Owner's Association:**

Name of Association #1: \_\_\_\_\_

Management Company: \_\_\_\_\_

Name of Association #2: \_\_\_\_\_

Management Company: \_\_\_\_\_

Is there a mobile home on the property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, do you have the original mobile home titles? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the property purchased less than 3 years ago? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please provide us with your prior owner's title policy so that we may issue you a credit at closing.

Do you have a prior survey of the property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, have any structural changes been made to the property, such as a patio or fence? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please return a copy of the survey with this form.

Will you be in town for closing? Yes \_\_\_\_\_ No \_\_\_\_\_  
**\*\*Any closings not in our office will incur \$150-\$200 mobile notary fee per location.**

Will you be using a Power of Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please return a copy of the power of attorney with this form  
The original will need to be provided at closing for recording.

**\*\*Please forward copy of driver's licenses with completed information form!\*\***

---

## Signature Authorization

**I hereby authorize All American Title to obtain information on my behalf to include payoff and/or other information needed to process my sale on aforesaid property and to release information to Realtors, Lenders and other parties relevant to the transaction. It is understood that a copy of this form will serve as authorization.**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date