



ASSOCIATED TITLE & CLOSING SERVICES AGENCY, INC.

GUARDIAN TITLE SERVICES, INC.

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CLOSING DEPARTMENT: brancy@associtle.net, candice@associtle.net, melissa@associtle.net

Closing Information Checklist

LISTING COMPANY/AGENT: _____

SELLING COMPANY/AGENT: _____

TRANSACTION (SELLER/BUYER): _____

CLOSING DATE: _____ TIME: _____ PLACE: _____

CONTRACT DATE: _____

SELLER PRESENT: YES NO

BUYER PRESENT: YES NO

SALE PRICE: _____ EARNEST MONEY: _____ COMMISSION: _____

PROPERTY LOCATION: _____

PRIOR EVIDENCE OF TITLE: _____

BUYER'S LENDER INFORMATION

LENDER: _____ CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

SELLER INFORMATION

NAME: _____

ADDRESS: _____

ADDRESS AFTER SALE: _____

PHONE: _____

SOCIAL SECURITY #: _____

ATTORNEY: _____

MARITAL STATUS: _____

SELLER'S PRIMARY RESIDENCE: YES NO

LOT SIZE/ACRES: _____

WATER FRONTAGE: _____

SELLERS LENDING INFO: _____

PHONE: _____

LOAN NO.: _____

*Attach Seller's signed authorization to release payoff letter to

SELLERS ADDITIONAL CHARGES:

BUYER INFORMATION

NAME: _____

ADDRESS: _____

ADDRESS AFTER SALE: _____

PHONE: _____

SOCIAL SECURITY #: _____

MARITAL STATUS: _____

ATTORNEY: _____

TAKING TITLE AS: _____

BUYERS ADDITIONAL CHARGES:

*Please attach signed Offer To Purchase