

**LANDON A. DUNN, P.A.**  
624 Matthews-Mint Hill Road, Suite 300A  
Matthews, NC 28105  
(P) (704)688-0505 / (F) (704)443-7367  
[www.LandonDunn.com](http://www.LandonDunn.com)

Date: \_\_\_\_\_

**SELLER INFORMATION WORKSHEET**

Please complete the following and return as soon as possible by  
Email to ([samantha@landondunn.com](mailto:samantha@landondunn.com)) or secure fax (704)443-7367

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

Is this your primary residence in the past (5) years? \_\_\_\_\_

Owner 1 Full Legal Name (First, Middle and Last) \_\_\_\_\_

Owner 2 Full Legal Name (First, Middle and Last) \_\_\_\_\_

SS Number: \_\_\_\_\_ SS Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
(Married/Single/Divorced/Widowed/Legally Separated) \*\* If married, your spouse is REQUIRED to sign closing documents. *\*\*If legally separated, please attach Separation Agreement for our review.*

Have you been known by any other name? \_\_\_\_\_

Will ALL owners (and spouses) attend closing? \_\_\_\_\_

If No, what is the full name of the personal who will be the Power of Attorney authorized to sign? (Please note, preparation of a power of attorney will be an additional fee plus recording costs): \_\_\_\_\_  
\_\_\_\_\_

Contact Information: Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Your new mailing address (REQUIRED): \_\_\_\_\_  
(Your contact information is required for this closing and we will NOT use it for marketing or solicitation purposes).

Real Estate Agent: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Commissions: Listing Agent (%) \_\_\_\_\_ Buyers Agent (%) \_\_\_\_\_

Any Bonuses? \_\_\_\_\_

If yes, amount \$ \_\_\_\_\_ to: \_\_\_\_\_

Closing Documents (Initial One)

\_\_\_\_\_ I/We would like for LANDON A. DUNN, P.A. to prepare a deed, lien waiver, firpta, and marital affidavit for me. The fee/s are \$400 for preparation of deed, lien waiver, firpta, and marital affidavit, ordering payoffs and obtaining Homeowner's Association dues certification and seller closing appoint. Shipping and Handling \$25/package. Any additional work performed for the Seller, which is necessary to advance the Buyer's closing, including clearing any title issues, will result in additional fees to the Seller and billed hourly at a rate of \$350/hour.

**Please not the preparation of these documents is an accommodation for the Buyer and does not create an attorney/client relationship between Landon A. Dunn, P.A. and the Seller. We cannot provide any legal advice to you as the Seller other than to seek advice from legal counsel of your choice.**

\_\_\_\_\_ I/We will have my own deed, lien waiver, firpta and marital affidavit prepared by my own attorney. There will be a \$150.00 coordination fee charged to Landon A. Dunn's office to remedy any document defects. There will also be \$30 shipping and handling fee per overnight package.

Name of Attorney: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**It is our goal to make real estate commission checks and funds available as soon as practical following closing. However, NC State Bar Rules expressly prohibit disbursing any closing funds prior to recording. Should you request funds be wired, our office can accommodate the request for a fee of \$150.00. In order to prevent fraud and protect your funds, all wiring instructions will be verified, and you will be required to sign the instructions at the closing ceremony. THIS OFFICE WILL NOT ACCEPT CHANGES TO WIRING INSTRUCTIONS.**

Current Mortgages (please use additional pages if necessary)

Loan 1: Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Loan 2: Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Homeowner Association or Management Company: \_\_\_\_\_

Contact and Phone Number: \_\_\_\_\_

Amount \$ Frequency of Dues: \_\_\_\_\_

Any special assessments due or pending? \_\_\_\_\_

Is the Seller a Trust, LLC or Corporation? \_\_\_\_\_

If yes, who will be signing on behalf of the Trust, LLC or Corporation? \_\_\_\_\_

*Please provide copies of the corporate or trust documents authorizing this person to sign.*

Please list any invoices to be paid at closing and provide copies to our office ASAP.

Amount To: \_\_\_\_\_

Amount To: \_\_\_\_\_

Amount To: \_\_\_\_\_

Have you hired any one to perform any work on the property in the past six (6) months? \_\_\_\_\_  
If yes, please briefly described the nature of the work performed and the approximate total value:

\_\_\_\_\_

Has this work been paid in full? \_\_\_\_\_

Will this be paid at closing? \_\_\_\_\_

Is a mobile home located on the property? \_\_\_\_\_

Is this transaction part of a short sale? \_\_\_\_\_

Will there be a Home Warranty? \_\_\_\_\_

Do you have a current survey? \_\_\_\_\_

Is there anyone, other than you (the Seller), in possession of the property? \_\_\_\_\_

Is any Seller involved or expecting a bankruptcy or guardianship? \_\_\_\_\_

Does the Seller have any tax liens or judgments? \_\_\_\_\_

Is any Seller a Non-Resident Alien or Foreign Person? \_\_\_\_\_

**Per Federal IRS regulations, you are required by law to provide Landon A. Dunn, P.A. with your correct taxpayer identification number (i.e. Social Security Number or Employer Identification Number). If you do not provide to Landon A. Dunn, P.A. with your correct taxpayer number, you may be subject to civil or criminal penalties imposed by law.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZATION  
VIA TELEFAX**

(please complete one for each mortgage)

To: \_\_\_\_\_

ATTN: \_\_\_\_\_

FAX: \_\_\_\_\_

RE: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

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

Dear Sir/Madam:

Client authorizes the release of information to **LANDON A. DUNN, P.A.**, of any documents from third parties which are necessary in the preparation and execution of the sale of their property. This release of information includes, but is not limited to, written payoff statements from lending institutions. Seller also hereby authorizes and directs their lending institution(s) to freeze and close any home equity line of credit secured by this property.

\_\_\_\_\_ If checked this is a request for a payoff of a loan. Please issue a payoff amount in full for the above captioned lien good through \_\_\_\_\_. Also, please include a per diem on the payoff so that we can accurately calculate the exact amount for the time of arrival at your office.

Please return the payoff information via our secure fax to **(704)443-7367**. If this is not possible, please return the payoff by telephone or in wiring to the above address. We will also require a street address for delivery of express funds for payoff.

Thank you for your attention regarding this matter.

Sincerely,

Landon A. Dunn, P.A.

**I/We hereby authorize Landon A. Dunn, P.A. to obtain said information on my/our behalf and to Modify, subordinate, block, freeze any escrow account, or freeze any equity line account for the purpose of refinancing or selling the property listed above.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_