

Cleveland Home Title Agency, LTD.

Escrow File #:

Property Address:

Seller 1.

Seller 3.

Seller 2.

Seller 4.

SOCIAL SECURITY NUMBER(S)

1. _____ 2. _____

HOME PHONE NUMBER(S)

1. _____ 2. _____

WORK PHONE NUMBER(S)

1. _____ 2. _____

CELL PHONE NUMBER(S)

1. _____ 2. _____

MARITAL STATUS

_____ Divorced - (Date & County) _____

_____ Widowed - (Date & County of Death) _____

_____ Unmarried

_____ Married

Name of Spouse (Please Print) _____

MORTGAGE INFORMATION

FIRST MORTGAGE:

Lender _____ Account # _____

Customer Service Phone _____

SECOND MORTGAGE, LINE OF CREDIT OR HOME IMPROVEMENT LOAN:

Lender _____ Account # _____

Customer Service Phone _____

Judgement liens, If Any _____

I/We hereby authorize the release of information concerning the above loan(s) and/or Judgment(s) to Cleveland Home Title Agency, LTD.. If the property is subject to condo and/or homeowners association dues, please provide contact name and phone number for the association :

Signed By: _____

Signed By: _____

Signed By: _____

Signed By: _____