



CLOSING INFORMATION

Please type or print

ALL POINTS TITLE & CLOSING, INC.

35 North D Street
Hamilton, Ohio 45013

Phone: (513) 863-7600 Fax: (513) 863-4522
(877) 505-6446 (513) 863-5904
(888) 799-6326

Email: sue@aptitles.com
www.aptitles.com

Buyer: Tab here and type the buyer's name. Please verify the spelling.

Marital Status: Husband/Wife Unmarried

Seller: Tab here and type the seller's name. Please verify the spelling.

Marital Status: Husband/Wife Unmarried

Property Address: Tab here and type street address

Lot Number: Lot Number

Tab here and type city State Zip Code

Listing Office: Tab here and type the listing office.	Phone: Telephone number (include area code)
Listing Agent: Tab here and type the listing agent.	Phone: Telephone number (include area code)

Selling Office: Tab here and type the selling office.	Phone: Telephone number (include area code)
Selling Agent: Tab here and type the selling agent.	Phone: Telephone number (include area code)

Deed Preparation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Earnest Money: \$ _____ <input type="checkbox"/> Return <input type="checkbox"/> Deduct
Commission: _____ percent % of \$ _____	Split: Tab here and type the split.
Tax Agreement: <input type="checkbox"/> Long Proration <input type="checkbox"/> Short Proration <input type="checkbox"/> Other Tab and type explanation	

Termite Inspection by: Tab here and type the inspection company.	Cost: \$ _____
<input type="checkbox"/> Due <input type="checkbox"/> Paid	Paid by: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller

Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No	To: Tab here and type the company.	Cost: \$ _____
Paid by: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller		

Sale Price: \$ _____	Closing Costs paid by seller: \$ _____
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Septic Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspecting Company: Tab here and type the inspection company.
Cost: \$ _____	Paid by: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller
Paid Outside of Closing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Repairs: Explain repairs

Closing Information

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Water Test: <input type="checkbox"/> Yes <input type="checkbox"/> No Cost: \$ _____ Paid Outside of Closing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspecting Company: <u>Tab here and type the inspection company.</u> Paid by: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller Repairs: <u>Explain repairs</u>
Heating/AC Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No Cost: \$ _____ Paid Outside of Closing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspecting Company: <u>Tab here and type the inspection company.</u> Paid by: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller Repairs: <u>Explain repairs</u>
Electrical Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No Cost: \$ _____ Paid Outside of Closing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspecting Company: <u>Tab here and type the inspection company.</u> Paid by: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller Repairs: <u>Explain repairs</u>
Roof Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No Cost: \$ _____ Paid Outside of Closing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspecting Company: <u>Tab here and type the inspection company.</u> Paid by: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller Repairs: <u>Explain repairs</u>
Plumbing Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No Cost: \$ _____ Paid Outside of Closing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspecting Company: <u>Tab here and type the inspection company.</u> Paid by: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller Repairs: <u>Explain repairs</u>
Seller Payoff Information: Mortgage To: Account Number: <u>Tab and type name of lending inst.</u> Number: <u>Tab here and enter account #</u> SS # for Both: <u>Tab and enter the first SS#</u>	Second Mortgage To: Account Number: <u>Tab and type name of lending inst.</u> Number: <u>Tab here and enter account #</u> <u>Tab and enter the second SS#</u>
If equity line – checks and credit cards must be turned in to lender and receipt brought to closing.	
Payoff Authorization signed by seller attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Buyer's Insurance Agent: <u>Tab and type name of the agent</u> Power of Attorney: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of signer: <u>Tab and type name of the signer</u> Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: <u>Telephone number (include area code)</u> The Power of Attorney must be faxed to (513) 863-4522 or (513) 863-5904. On Behalf of: <u>Tab and type name of the individual</u> Attorney: <u>Tab and type name of the attorney</u> Phone: <u>Telephone number (include area code)</u>
HOA Company: <u>Tab and type Company Name</u>	Contact Information: <u>Telephone number (include area code)</u>