



CLOSING INFORMATION

Please type or print

ALL POINTS TITLE & CLOSING, INC.

300 High Street, Suite 404

Hamilton, Ohio 45011

Phone: (513) 863-7600 Fax: (513) 863-4522

(877) 505-6446 (513) 863-5904

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: Yes No **Earnest Money:** \$ _____ Return Deduct

Commission: _____ percent % of \$ _____ **Split:** Tab here and type the split.

Tax Agreement: Long Proration Short Proration Other Tab and type explanation

Termite Inspection
by: Tab here and type the inspection company. **Cost:** \$ _____

Due Paid **Paid by:** Buyer Seller

Warranty: Yes No **To:** Tab here and type the company. **Cost:** \$ _____

Paid by: Buyer Seller

Sale Price: \$ _____ **Closing Costs paid by seller:** \$ _____

Septic Inspection: Yes No **Inspecting Company:** Tab here and type the inspection company.

Cost: \$ _____ **Paid by:** Buyer Seller

Paid Outside of Closing: Yes No **Repairs:** Explain repairs

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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>