

**Catherine T. Calabria, Esq.**

Crossroads Corporate Center  
One International Blvd. • Suite 400  
Mahwah, NJ 07495  
T. 201.962.3279 • F. 201.962.3280 • E. cathy@calabria-law.com



609 N. Franklin Ave.  
Nutley, NJ 07110  
T. 973.661.4455

**SELLER INFORMATION SHEET**

**PLEASE COMPLETE THE FOLLOWING AND RETURN, TOGETHER WITH COPIES OF YOUR DEED, TITLE INSURANCE POLICY AND SURVEY**

(1.) Name of property owner(s) as appearing on Deed:

\_\_\_\_\_

(2.) Social Security Number: Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Is either spouse age 62 or over? Yes \_\_\_\_\_ No \_\_\_\_\_

(3.) Marital History: Date of Marriage: \_\_\_\_\_

Maiden Name of Wife: \_\_\_\_\_

Previously Married: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach copy of Judgment of Divorce

If widow(er), date of spouse's death: \_\_\_\_\_

(Please provide a copy of death certificate)

(4.) If you answer "yes" to any of the following questions, please provide a detailed explanation:

a. Are there any outstanding judgments against you? \_\_\_\_\_

\_\_\_\_\_

b. Have you been declared Bankrupt within the last seven (7) years? \_\_\_\_\_

\_\_\_\_\_

c. Are you obligated to pay child support? \_\_\_\_\_

\_\_\_\_\_

(5.) Address of subject property: \_\_\_\_\_

\_\_\_\_\_

(6.) Type of Residence: Single Family \_\_\_\_\_ Townhouse \_\_\_\_\_

Condominium \_\_\_\_\_ Co-op \_\_\_\_\_

Multi Family \_\_\_\_\_

Primary Residence: Yes \_\_\_\_\_ No \_\_\_\_\_

If the Residence is a condominium, townhouse or co-op, please furnish name, address and phone number of association, as well as name of contact person, so that we may obtain all necessary information with regard to this transaction.

(7.) Type of heat: \_\_\_\_\_

If the premises are heated by fuel oil, a written fuel oil measurement from your oil dealer is required prior to closing.

(8.) Name, Address and Telephone Number of present Mortgage Company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(9.) Please check here \_\_\_\_\_ if there are any other Mortgages, Loan or Equity Lines of Credit on this property and, if so, please provide all of the above requested information for these mortgages or loans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(10.) Has home ever been treated for termites? Yes \_\_\_\_\_ No \_\_\_\_\_

Is home under warranty by a termite company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the name and address of the termite company and date of treatment:

\_\_\_\_\_  
\_\_\_\_\_

Date of Treatment: \_\_\_\_\_

(11.) Type of Water: Well \_\_\_\_\_ City \_\_\_\_\_

Type of Sewer: Septic \_\_\_\_\_ City \_\_\_\_\_

(12.) Mailing address as of January 31<sup>st</sup> of next year (IRS reporting requirement)

\_\_\_\_\_  
\_\_\_\_\_

(13.) Attach a copy of Seller's most recent Survey.

**AUTHORIZATION TO RELEASE  
MORTGAGE PAYOFF INFORMATION**

BORROWER(S): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO(S): \_\_\_\_\_

I/We hereby authorize the release of any and all requested information with respect to the mortgage and subsequent payoff to: \_\_\_\_\_. Telephone No.: \_\_\_\_\_ and Fax No.: \_\_\_\_\_.

If this is a Home Equity/Line of Credit, I/We further authorize the account to be immediately frozen and closed upon receipt of payment in full.

Dated: \_\_\_\_\_

\_\_\_\_\_