

# BLAIR C. STRAIN, P.C.

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In order to provide accurate and efficient service and to help expedite the closing process, please forward the information requested below at your earliest convenience. **Please be advised, if this form is not filled out COMPLETELY, your closing may be delayed.**

## NOTIFY OUR OFFICE IF ANY OF THESE CIRCUMSTANCES APPLY AND PROVIDE DOCUMENTATION:

- One or more owners are deceased:** A death certificate and/or or probate work will be required before closing. If an Executor/Admin is signing, provide a copy of the estate paperwork, fill in the signer's contact information, but provide *the deceased's* SSN/Estate's TIN and residency information for tax purposes.
- Change to name or marital status since purchase:** provide proof (marriage license, divorce decree, etc)
- LLC, corporation, or trust is in title:** You must provide articles of organization, operating agreement, or trust documents. Our office must verify who may sign on behalf of the entity and what powers they have.
- POWER OF ATTORNEY:** If you have one already, please provide a copy so we can verify it may be used for closing. If you need one, please provide the information in the form below.\*\*
- MOBILE HOME:** Contact the county tag office for a status of the MH title(s) and provide print-off to our office. More directions may follow.
- BANKRUPTCY, FORECLOSURE, OR SHORT SALE**

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

**Seller1 Name:** \_\_\_\_\_ **Seller2 Name:** \_\_\_\_\_

**\*SSN / EIN:** \_\_\_\_\_ **\*SSN / EIN:** \_\_\_\_\_

**\*Per federal law, you MUST provide your SSN or EIN to close; please feel free to call to provide.**

**Home:** \_\_\_\_\_ **Work 1:** \_\_\_\_\_ **Work 2:** \_\_\_\_\_

**Cell 1:** \_\_\_\_\_ **Cell 2:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Forwarding address:** \_\_\_\_\_

*(where we will mail IRS TAX FORMS at the end of this year)*

**Signing documents at our office?**  **Seller1, YES**  **Seller2, YES**  \_\_\_\_\_, **NO (see next line)**

**Mailaway address:** \_\_\_\_\_

*(where we should FedEx documents if you are not signing at our office before/at closing; cannot be a PO Box)*

**Are you a GA resident for tax purposes?**  **Seller1, YES**  **Seller2, YES**  \_\_\_\_\_, **NO**

**Is this your primary residence for tax purposes?**  **Seller1, YES**  **Seller2, YES**  \_\_\_\_\_, **NO**

**\*\*Power Of Attorney:**  **Not needed**  **Have POA already**  **Need POA drafted (fill in below)**

**Name of individual who needs the POA** \_\_\_\_\_ **and to whom authorization**

**is to be given** \_\_\_\_\_ . **POA Cell#** \_\_\_\_\_

**With whom (other than your realtor) may we discuss this transaction? Please provide name(s) & relationship to you:** \_\_\_\_\_

**Mortgages: \*\*\*OUR OFFICE WILL ORDER THE PAYOFF(S)\*\*\*, but please be sure to physically sign the attached authorization sheet and provide the information below.  **No mortgage****

**- 1<sup>st</sup> Mortgage Lender:** \_\_\_\_\_ **Loan #:** \_\_\_\_\_

**Last payment was/will be made on:** \_\_\_\_\_

**- 2<sup>nd</sup> Mortgage Lender:** \_\_\_\_\_ **Loan #:** \_\_\_\_\_

**Last payment was/will be made on:** \_\_\_\_\_

NOTE: THE INFORMATION CONTAINED ON THIS FORM IS ATTORNEY PRIVILEGED AND INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY SENDER IMMEDIATELY BY TELEPHONE. THANK YOU.