

SELLER'S INFORMATION- FAX TO 508-339-1170

NAME(S):

PROPERTY ADDRESS:

Name of Lender, Address, **Phone Number**, and Account No. of any outstanding mortgage(s):

1) _____
Name of Lender Account #

Customer Service Phone #

2) _____
Name of Lender Account #

Customer Service Phone #

Social Security Number(s):

After the closing, my/our new address will be as follows:

Condominium/Management Association Contact Name & Phone Number (if applicable)

Condominium Insurance Agent's Name & Phone Number (if applicable):

I/We authorize Law Offices of Patricia L. Nagle, P.C., and Staff, including without limitation, Attorney Patricia L. Nagle, Attorney Lauren J. Caisse, or Hayley Johnston, Paralegal, to obtain the above-referenced payoffs and insurance certificate, if app, and speak on my/our behalf regarding discharges of mortgages, escrow account balances, and to gather any and all necessary information to effectuate a transfer of the above-referenced premises.
