

CLOSING INFORMATION WORKSHEET

■ TITLE

☐ Siena Title, 7915 Stone Creek Drive, Suite 110, Chanhassen, MN 55317

☐ Vera Brown, 952-548-1504; 952-548-1865 fax; vera@sienatitle.com

☐ Jenny Homan, 651-289-8474; 763-201-5112 fax; jenny@sienatitle.com

☐ Tina Johnson, 952-548-1589; 952-548-1835 fax; tina@sienatitle.com

Closing location preference (check one):

☐ Apple Valley ☐ Blaine ☐ Chanhassen ☐ Minnetonka ☐ Roseville ☐ St. Paul ☐ Woodbury

☐ Other Title Company Name/Location: _____

Closer: _____ E-mail: _____ Phone: _____

Assistant: _____

■ PROPERTY INFORMATION

Sale Price \$ _____ Sale Date: _____ Closing Date: _____

Property Address: _____ County: _____

City: _____ State: _____ Zip: _____

PID Number: _____

Legal Description: _____

Abstract? ☐ Torrens? ☐ Certificate # _____ Abstract/O.D. Location: _____

■ TOWNHOUSE/CONDOMINIUM:

Townhouse? ☐ Condominium? ☐ Name of Association: _____

Address: _____

Name: _____ E-mail: _____ Phone: _____

■ MANAGEMENT COMPANY

Name: _____ E-mail: _____ Phone: _____

■ SELLER'S INFORMATION

Seller Names: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Marital Status: _____ Will Attend Closing? ☐ YES ☐ NO

Power of Attorney to be used? ☐ YES ☐ NO Seller's Attorney: _____

Attorney's Phone: _____ Address: _____

E-mail: _____ Will Attorney Attend Closing? ☐ YES ☐ NO

(continued on page two)

■ PRESENT FINANCING

Name of Lender: _____ Loan #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Contract for Deed Holder: _____ Balance \$ _____

Address: _____ Phone: _____

Second Mortgage Company: _____

Address: _____ Phone: _____

■ BUYER'S INFORMATION

Buyer's Names: _____ E-mail: _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ Business Phone: _____

Marital Status: _____ Buyer's Attorney: _____

Attorney's Phone: _____ Address: _____

Will Attorney Attend Closing: ☐ YES ☐ NO Power of Attorney to be used: ☐ YES ☐ NO

■ NEW FINANCING INFORMATION

New Lender: _____ Loan Type: _____

Address: _____ Phone: _____

Loan Officer: _____ Phone: _____ E-mail: _____

Processor: _____ Phone: _____ E-mail: _____

■ BROKER INFORMATION

Listing Associate:

Selling Associate:

Name: _____ Name: _____

Company: _____ Company: _____

Office: _____ Location: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Broker #: _____ Agent #: _____ Broker #: _____ Agent #: _____

Commission: _____ of \$ _____ = \$ _____ Earnest Money \$ _____

Commission Split: _____ % Listing Agent _____ % Selling Agent

■ ADDITIONAL INFORMATION
