



**1725 C Wilma Rudolph Boulevard**  
**Clarksville, TN 37040**  
**(931) 266-0236 Telephone**  
**(931) 492-9416 Fax**

Hello!

Our office will be handling the closing of your clients' home. To create a smooth and simple transaction, we ask you to complete this form and return it at your earliest convenience either by fax to the number above or email to [kwatson@clarksvilletitle.com](mailto:kwatson@clarksvilletitle.com)

Seller(s) Name: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Mortgage Company: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: \_\_\_\_\_

Have you divorced since owning the property? \_\_\_\_\_ If yes, please provide a copy of the final divorce decree.

Have you married since purchasing the property? \_\_\_\_\_

Is this property held by an Estate or Trust? \_\_\_\_\_

Will the seller be present at closing: ( ) Yes / ( ) No

If no, it may be necessary to prepare the Warranty Deed and other pertinent documentation in advance.

Will a **POA** be used at closing for either of the sellers: ( ) Yes / ( ) No

If yes, we will need a copy of the POA prior to closing and the **ORIGINAL WILL BE NEEDED AT CLOSING**

Termite: Please email a copy of the invoice and the termite letter. The **ORIGINAL WILL BE NEEDED AT CLOSING**.

Home Warranty: Company: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Is there a Homeowner's Association? \_\_\_\_\_ Who is it managed by? \_\_\_\_\_

Monthly fees: \_\_\_\_\_ Transfer fee: \_\_\_\_\_

Commission Split: \_\_\_\_\_ % Listing and \_\_\_\_\_ % Selling

Bonus or Admin Fee, to: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Previous Homeowners Title Insurance Policy? ( ) Yes / ( ) No If yes, please attach a copy to be eligible for a discount.

If you have any questions along the way don't hesitate to call or email us!



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**AUTHORIZATION FOR MORTGAGE PAYOFF REQUEST**

NAME ON LOAN: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

SSN: \_\_\_\_\_

PHONE/FAX NUMBER FOR MORTGAGE COMPANY: \_\_\_\_\_ FAX \_\_\_\_\_

I hereby authorize release of payoff information regarding the above referenced account to:  
Clarksville Title & Escrow. Please fax payoff to 931-492-9416.

Payoff good through date: \_\_\_\_\_

Signature: \_\_\_\_\_

(No electronic signatures)