



Sale Fact Sheet

SS# of owners of record:			
	Name		Social Security Number
	Name		Social Security Number
Daytime Telephone Number:			
Email:			
Mortgage Company:			
			ne No:
Second Mortgage/Line of C			
Account No		Telephone	No:
Miscellaneous Information			
Do you have gas or el	ectric heat?	YesNo	Í.
Do you have oil heat?	Yes	No (if yes)	gallon tank
Oil Company		telej	phone no
Do you have propane	?Yes	No (if yes)	gallon tank
Propane Company telephone no			
Do you have public w	ater or	well water	
Do you have public water or well water tele			
water company			none no.
Name of Lake Associ	ation or Condo A	ssociation	
Management Compan	у	telepl	none no
Is this a short sale? _	Yes	No	
Are you currently livi	ng at this propert	y?Y	esNo
Will you be completing the closing or providing the buy			
Realtor Name: Telephone No.:			one No.:
Mailing address after sale o	f home:		
**Please return this	form as soon as	possible in the end	closed envelope.