

REAL ESTATE - RESIDENTIAL SALE
INTERVIEW FORM

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

County: _____

Client's phone: office: _____ ext.: _____
fax: _____ hours: _____
employer's name: _____
home: _____ time to call: _____
cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

INTERVIEW QUESTIONS:

1.0 Parties

1.1 Seller's Name(s): _____

Address: _____

Phone: (Home): _____ (Work): _____

(Cell): _____ (Fax): _____

Seller(s) Social Security Number(s): _____

1.2 Seller's Attorney Name: _____

Address: _____

Phone: _____ Fax: _____
Secretary or Assistant: _____
Attorney Review Letter Sent On: _____
Attorney Review Letter Received On: _____

1.3 Is title held in a trust: _____ Yes _____ No

If yes, answer the following:

Trust Ownership: _____

Address of Trustee: _____

Phone: _____ Fax: _____

Trust Beneficiaries: _____

Trust Number: _____ Date of Trust: _____

Copy of Trust Agreement: _____ Yes _____ No

Power of Direction granted to:

Security Assignments, if any: _____

Faxed Direction on : _____ To: _____

ALTA Statements Ordered w/Direction: _____ Yes _____ No

Closing Trust: _____ Yes _____ No

Deed Being: ___ Picked Up ___ Delivered ___ Mailed

If being picked up or delivered, by who:

Date Deed is Ready:

Picked Up On/Delivered On:

1.4 Buyer's Name(s): _____

Address: _____

Phone: (Home): _____ (Work): _____

(Fax): _____

Buyer's Social Security Number(s): _____

1.5 Buyer's Attorney Name: _____

Address: _____

Phone: _____ Fax: _____

Secretary or Assistant: _____

Attorney Review Letter Sent On: _____

Attorney Review Letter Received On: _____

2.0 Real Estate Agent Information

2.1 Listing office: _____

Agent name: _____

Address: _____

Phone: _____ Fax: _____

Pager: _____ Cell: _____

2.2 Selling office: _____

Agent name: _____

Address: _____

Phone: _____ Fax: _____

Pager: _____ Cell: _____

2.3 Earnest Money Held By: _____

Amount of Earnest Money: _____

Check Money Order Cash Promissory Note

Additional Earnest Money Due: _____

Amount: _____

2.4 Commission Terms: _____

2.5 Commission Statement Received: _____

3.0 Description of Property

3.1 Common Address: _____

3.2 Legal Description: _____

(*NOTE: NO ORAL DESCRIPTION - Must have copy of some document)

3.3 County: _____

4.0 Real Estate Disclosure Form

4.1 Date Completed by Seller: _____

4.2 Date Received by Buyer: _____

5.0 Lead Paint Disclosure

5.1 Was the property built prior to 1978: ____ Yes ____ No

If yes, have the Lead Paint Disclosure requirements been met: ____ Yes ____ No.

6.0 Property Insurance

6.1 Is property currently insured? ____ Yes ____ No.

6.2 Have there been any claims in the past three years? ____ Yes ____ No.

6.3 If so, how many? ____ Explain: _____

7.0 Title Evidence

7.1 Name of existing Title Company: _____

7.2 Title Policy No.: _____

7.3 Current amount of Owners Policy: _____

7.4 Location of abstract: _____

8.0 New Title Commitment

8.1 Title Ordered Through: _____

Date: _____

8.2 Order Number: _____

8.3 Received: _____

8.4 Examined by attorney on: _____

8.5 Disclosure Statement Done: _____

8.6 Title Commitment Sent to Opposing Attorney:

8.7 Title Commitment Sent to Lender:

9.0 Review Title Commitment

9.1 Verify name(s)/owner: _____

9.2 Verify legal: _____

9.3 Verify PIN: _____

9.4 Verify mortgage(s): _____

9.5 Verify other liens:

special assessments: _____

condo/townhome assessments: _____

right of 1st refusal: _____

9.6 Survey matters:

drainage district: _____

setback/building lines: _____

easements: _____

encroachments: _____

9.7 Judgments: _____

10.0 Existing Mortgage

10.1 Lenders Name: _____

Address: _____

Phone: _____ Fax: _____

10.2 Loan No.: _____

Mortgage approx. balance: \$ _____

10.3 Insurance Escrow approx. balance: \$ _____

10.4 Loan servicer: _____

10.5 Tax and Insurance Escrow Info.: _____

10.6 Is this a VA/FHA loan: ____ Yes ____ No.

If yes, then answer the following:

Prepayment restrictions:

Notification terms/requirements:

10.7 Payoff Letter Requested On:

____ Phone ____ Mail ____ Fax

If by Phone, who was person talked to:

If by Fax or Mail, is copy of letter in file w/follow up date:

10.8 Any 2nd Mortgage/Equity Loan? __Yes __No If so, get information.

11.0 Buyer's Proposed Mortgage

11.1 Lenders Name: _____

Address: _____

Phone: _____ Fax: _____

11.2 Contact person: _____

11.3 Proposed Mortgage Amount: \$ _____

11.4 Lenders required endorsements: _____

11.5 Received Written Commitment Letter: _____

11.6 Financing Contingency Date: _____

11.7 Is Extension Needed: ____Yes ____No

11.8 Extension Letter Sent To:

On: _____

Agreed To On: _____

11.9 Extension Letter Received:

Agreed To On: _____

12.0 Deed

- 12.1 Is title to be deeded into trust: ____ Yes ____ No
 If yes, answer the following:
 Name of Trust: _____
 Address of Trustee: _____

 Phone: _____ Fax: _____
 Date of Trust Agreement: _____
 Trust No.: _____
 Copy of Trust Agreement: _____
 Is title to be: Joint__ Tenancy by Entirety__ Other__

13.0 Transfer Tax

- 13.1 PTAX-230 State and County.
 Lot size/Acreage _____
 Type of Deed _____
 Buyers principal residence? _____
 Was property advertised for sale? _____
 Current use of property. _____
 Proposed use of property. _____
 Significant physical changes to property since Jan. 1st of last year. _____
 See item 10 of PTAX-203 form for additional questions.
 Actual Consideration _____
 Amount of Personal Property included in Purchase _____.
 Value of Mobil Home included in sale. _____.
- Amount of other real estate transferred to the Seller as part of the consideration _____.
- Outstanding Mortgage assumed by Buyer _____.
- 13.2 City/Municipal. Is there a City or Municipal Tax? Yes ____ No ____.
 Information required. _____.

14.0 Real Estate Taxes

- 14.1 Permanent index number: _____
- 14.2 Amount and year of last tax bill:

- 14.3 Existing exemption: Homestead _____ Senior _____

- 14.4 Is tax bill divided _____
- 14.5 Is property currently assessed as improved: _____
- 14.6 Are taxes current: ____ Yes ____ No
If no, ask Seller (client) for proof of payment, if client says paid.
If back taxes need to be paid,
- 14.7 Order Certificate of Redemption: _____
- 14.8 Received Certificate of Redemption: _____
- 14.9 Amount to be paid: \$ _____
- 14.10 Any special assessments not reflected on the tax bill? _____

15.0 Premises Inspection

- 15.1 Property sold: AS IS _____ WITH WARRANTY _____
- 15.2 Property Inspection by Buyer: Due _____
Notice to Seller: Due _____
Repair Amendment: _____
- 15.3 Radon Inspection: Due _____
Notice to Seller: Due _____
Remediation Required: _____
- 15.4 Termite Inspection: Due _____
Ordered by: _____
- 15.5 Termite Inspection Received: _____
- 15.6 Pre-closing inspection terms: _____

- 15.7 Flood zone information: _____

- 15.8 Well and septic inspection requirements: _____

- 15.9 Municipal inspection requirements: _____

16.0 Personal Property

- 16.1 The following items of personal property are included in the sale:

16.2 The following items of personal property are excluded from the sale:

17.0 Possession

- 17.1 Date possession to be delivered: _____
- 17.2 Daily rental/penalty for post closing possession: _____
- 17.3 Does Seller or Buyer pay utilities: _____
- 17.4 Does Seller or Buyer pay assessments: _____
- 17.5 Possession Escrow amount: \$_____
- 17.6 Possession Escrow Held By: _____
- 17.7 Post Closing Possession Agreement Required: _____

18.0 Survey

- 18.1 Existing Survey: _____
- 18.2 Existing Surveyor: _____
- 18.3 Date of Survey: _____
- 18.4 Modifications and changes since initial survey: _____

19.0 New Survey

- 19.1 Survey Ordered On: _____
- 19.2 Survey Ordered Through: _____
- 19.3 Updated or New: _____
- 19.4 Received Survey On: _____
- 19.5 Encroachments: _____

- 19.6 Ingress/Egress: _____

- 19.7 Other Issues: _____

20.0 Condo/Townhome/Homeowners Association

- 20.1 Name of contact person: _____
Address: _____

- Phone: _____ Fax: _____
- 20.2 Monthly assessments: _____
- 20.3 Special assessments: _____
- 20.4 Ordered Waiver of 1st Refusal: _____
- 20.5 Ordered Paid Assessment Letter: _____
- 20.6 Received Waiver of 1st Refusal: _____
- 20.7 Received Paid Assessment Letter: _____
- 20.8 Insurance Company: _____
- 20.9 Contact Person: _____
- Phone: _____ Fax: _____
- 20.10 Certificate of Insurance Ordered:

- 20.11 Certificate of Insurance Received:

- 20.12 Declarations/Bylaws Received: _____
- 20.13 Declarations/Bylaws Sent: _____

Miscellaneous

1. Comments: _____

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____
CLIENT _____

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***