



WINONA COUNTY ABSTRACT & TITLE COMPANY

PHONE: 800-657-6750
FAX: 651-388-0981

www.goodhuecountyabstract.com

RICE COUNTY ABSTRACT AND TITLE COMPANY

WABASHA COUNTY ABSTRACT & TITLE COMPANY, LLC

Email along with Purchase Agreement to closings@gcabstract.com

TRANSACTION

LISTING AGENT

Broker Name:
Broker State License ID:
Address:
City State Zip:
Realtor Name:
Realtor State License ID:
Address:
City State Zip:
Email:
Phone:

SELLING AGENT

Broker Name:
Broker State License ID:
Address:
City State Zip:
Realtor Name:
Realtor State License ID:
Address:
City State Zip:
Email:
Phone:

Total Commission %: Based on: \$
Split? Yes No If yes, how?
Broker Admin Fee: Yes No Amount: \$
Seller paid closing costs: Yes No % Based on:
Flat Amount of: \$



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SELLER INFORMATION

Anticipated Closing Date: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Seller Information

Will seller attend closing?: Yes ___ No ___

Seller Name: _____

Marital Status: Married to each other ___ Single ___ Widowed ___

Email: _____ Email _____

Phone: _____ Phone: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Has Seller been bankrupt since taking title to property? Yes ___ No ___

Has Seller been divorced since taking title to property? Yes ___ No ___

Has Seller been on medical assistance with the State of Minnesota? Yes ___ No ___

Any Bills/Repairs/Labor/Materials furnished to property in last 120 days? Yes ___ No ___

If Yes, need paid receipts and/or lien waivers

Home Warranty? Yes ___ No ___ Paid by: _____

Seller's Mortgage information

___ Free & Clear
___ 1st Mortgage
___ 2nd Mortgage

Mortgage Information for Payoff Requests

1st Mortgage:
Lender: _____
Loan Number: _____
Phone Number: _____
Social Security Number: _____
Social Security Number: _____

Authorization to release information is attached – Please have seller sign

2nd Mortgage:
Lender: _____
Loan Number: _____
Phone Number: _____

Property Information

Homeowner's Association? Yes___ No___
Association Name: _____ Contact: _____
Phone: _____ Email: _____

Title is held in: Seller(s) Name___ Trust___ Corporation___ LLC___ Other: _____

Title Evidence: Torrens___ Abstract___ Prior Policy___

Buyer Title Company

Company Name: _____
Closer/Contact: _____
Phone: _____ Email: _____

Any miscellaneous information you feel may be helpful to us:



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AUTHORIZATION TO RELEASE INFORMATION

We, hereby, authorize our payoff information to be released to any the following entities:

- Goodhue County Abstract Company
- Rice County Abstract and Title Company
- Winona County Abstract & Title Company
- Wabasha County Abstract & Title Company, LLC

Dated: _____

X _____

X _____