## **Closing Dept.**

(715) 479-1854 Fax: (715) 479-7482



Title Dept.

(715) 479-6459 Fax: (715) 477-2515

## 229 South Third Street, PO. Box 877 Eagle River WI 54521

## **CLOSING INFORMATION CHECKLIST**

ORDERED BY:	COMPANY LIS	ST/SELL:		/		
TRANSACTION (SELLER/BUYER):						
CLOSING DATE:	TIME		(p	lease call to co	onfirm date/time	
PLACE:	CON	CONTRACT DATE:				
SELLER PRESENT: YES	_ NO	BUYE	R PRESENT:	: YES	_ NO	
SALE PRICE:	_ EARNEST MONEY:	IONEY:COMMISSION:				
PROPERTY LOCATION:						
PRIOR EVIDENCE OF TITLE:						
BUYER'S LENDER INFORMATION	N:					
E-MAIL DOCS FOR REVIEW: YES	NO E-N	1AIL ADDRE	SS			
SELLER INFORMATION		BUYER INF	ORMATIO	N		
Name:		Name:				
Address:		Address: _				
Address after Sale:		Address af				
Phone #:		Phone#: _				
Social Security #:		Social Security #:				
Hold Title As:		Hold Title As:				
Attorney:		Attorney:				
Marital Status:		Marital Sta	atus:			
Seller's Primary Residence: Yes	No					
Lot Size / Acres:	Water Frontage:					
OTHER ITEMS TO BE CHARGED	ON CLOSING STATE	:MTFNT·				
A			Seller	Pav to:		
В.	\$	Buver	Seller	Pav to:		
B	\$ \$	Buver	Seller	Pav to:		
	,	, (attac	ch any copi	es of bills if ap	plicable)	
Seller Payoff(s) ordered from Le	ender Yes No*_	Copy <sup>.</sup>	to Northwo	oods Title Yes _	No	
*If no, please attach signed Pay	yoff Authorization					
Bill of Sale Yes No (If	yes, attach list of pr	operty if d	ifferent)			
\$_		Pro	cessing F	ee		

IF ANY ADDITIONAL CHARGES PLEASE ATTACH ON SEPARATE SHEET