

-SENTINEL TITLE SERVICES-

COMPLETE REAL ESTATE TRANSACTION SERVICES

681 WALLIS ROAD, RYE, NH 03870 • T: 603.964.7787 • F: 603.964.7717 • E: INFO@SENTINELTITLESERVICES.COM

The information provided on the questionnaire is vital to an efficient and informed transaction. Please complete and either fax to 603.964.7717 or email info@sentineltitleservices.com at your earliest convenience.

Name of Record Owner: _____

Marital Status : _____ (single/divorced/widowed) _____ (married)

SSN: _____ - _____ - _____ Email address: _____

Name of Spouse (if applicable): _____

Spouse's SSN: _____ - _____ - _____ Email address: _____

Mailing Address: _____

Phone Number: H: _____ W: _____ C: _____

Name of Record Owner: _____

Marital Status : _____ (single/divorced/widowed) _____ (married)

SSN: _____ - _____ - _____ Email address: _____

Name of Spouse (if applicable): _____

Spouse's SSN: _____ - _____ - _____ Email address: _____

Mailing Address: _____

Phone Number: H: _____ W: _____ C: _____

Post Closing Address (required): _____

Is this property your primary residence: ____Y____N

ALL OWNERS AND THEIR SPOUSES MUST ATTEND CLOSING

POWER OF ATTORNEY: All record owners and their spouses must be present at closing. If this is not possible, a Power of Attorney authorizing another party to execute the documents on your behalf must be prepared.

Will all record owners and their spouses be attending the closing? ____y ____N

If No:

__ I will have a Power of Attorney prepared by my attorney and sent to your office for review prior to closing.

__ Please contact me to prepare the Power of Attorney on my behalf.