

Attorneys

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SELLER INFORMATION FORM

**The following information is necessary for us to schedule your closing and to ensure that all information from your title is accurate and all payoff information is received in a timely fashion. Please complete the following and return via fax or email:
 Fax: 603-434-7226 Email: Welcome@hudkinslaw.com**

Address of Property to be Sold:

Mailing/Forwarding Address after Closing:

- Is the property comprised of multiple lots?** YES NO
- Are you selling your primary residence?** YES NO
- Is this property in foreclosure?** YES NO
- Have you filed bankruptcy in the past 10 years?** YES NO
- Is your property served by municipal water?** YES NO
- Is your property served by municipal sewer?** YES NO

If you are selling a condominium, please provide the name and contact information of your association representative or property management company so that we may request a Certificate of Condominium fees:

Name of Association: _____ **Phone:** _____

SELLER INFORMATION	MARITAL STATUS If spouse not on title, list name	SSN or EIN
Name: Mailing Address: Phone: Email: Are you a U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO	Married: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of Spouse:	
Name: Mailing Address: Phone: Email: Are you a U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO	Married: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of Spouse:	