Buyer Name Property Address: File Number: To speed things along, please fax, 1 (877) 897-8010 or email, packages@monarchclosing.com this fully executed form as soon as possible. If you need additional space, please attach an additional page.

| NAMI any) | E, ADDRESS & TELEPHONE NO. OF A | ATTOR | RNEY REPRESEN | TING YOU IN | THIS TRAI | NSACTION (if | |
|---|---|------------------|------------------------------------|-------------------------------|---------------------------|---------------|----------|
| CONE | OO OR HOMEOWNERS ASSOCIATION | NAN V | VIE: | | | | |
| CONE | OO CONTACT NAME & PHONE NUM | BER: | | | | | |
| 1. | Are you requesting that Monarch Title & Gould for Massachusetts closing representative, on its behalf? | | • | | | YES | □ NO |
| 2. | Has there been a change in the legal description of your premises? | | | | | YES | NO |
| 3. | Did you acquire the property by more than one deed? | | | | | YES | □ NO |
| 4. | Are there multiple tax bills for your property? If so, which specific tax lots are you selling? | | | | | YES | □no |
| 5. | Private water/septic? | | | | | YES | □ NO |
| 6. | Public water/sewer? If yes, contact name/phone# | | | | | YES | ☐ NC |
| 7. | Is this your primary residence? If yes, and your spouse is not on title, please provide the name of your spouse below and note that your spouse will need to attend the closing to sign off homestead on the deed. | | | | | | |
| 8. What type of fuel is used at the subject property? Will there be a proration on the CD? NAME OF BANK(S) OR NAMES & ADDRESSSES OF PRIVATE MORTGAGEES HOLDING | | | | | | YES | NC |
| | IE OF BANK(S) OR NAMES & ADDRE TGAGES ON THE PROPERTY (PLEASI | | | | | PRESENT | |
| <u>Lender Bank Name:</u> | | | Loan/Account Number | | Lender Phone Number | | - |
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| may ı freeze | TGAGOR'S CONSENT: I/We hereby release information to Monarch Title any lines of credit. We further aute closing disclosures and other settles | e Serv horize | vices regarding e Monarch Title | the payoff f Services to r | igures on t elease and | he above, and | to |
| , , | | d Sc | ocial Security Phone/Em | | nil Marital Statu | | ıs |
| | | | | | | | |
| Seller | Name /Date | _ | | | | | |
| | | | | | | | |
| Seller | Name /Date | | | | | | |