



# MEDLEY & ASSOCIATES, LLC

A T T O R N E Y S   A T   L A W

## **BUYER INFORMATION**

Please provide the following information to us as quickly as possible to ensure a satisfying and successful closing experience:

1. Please verify your full name(s):

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2. Subject Property Address(s):

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3. Please verify your current address:

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4. Are you a U.S. citizen? Yes / No  
Are you a GA resident? Yes / No

5. Social Security Number: \_\_\_\_\_

6. Contact Information:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

7. Hazard Insurance Information: Please fax us a copy and indicate the following:

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Company Name

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

8. Homeowners/Condo Association Information: \*\*\*\*ADVANCED PAYMENT MAY BE REQUIRED\*\*\*\*  
Upon request, the buyer will contact the association/management company and make advance payment in order for Medley & Associates to obtain the HOA closing letter. Failure of the buyer to make such advance payment may delay closing.

Homeowners/Condo Association name:

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Management Company name (Treasurer's name if self-managed):

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Dues Amount: \_\_\_\_\_ Monthly: \_\_\_\_\_ Quarterly: \_\_\_\_\_

Annually: \_\_\_\_\_

9. Home Warranty Information: If you are providing a Home Warranty, please fax us a copy and indicate the following:

\_\_\_\_\_  
Company Name

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

10. Water Service Provider: \_\_\_\_\_ Sewer Service Provider: \_\_\_\_\_

Sanitation Service Provider: \_\_\_\_\_

11. Special Circumstances: Please check whether any of these apply to the property or to you:

☐ Divorce in process   ☐ Relocation Company involved   ☐ Property involved in  
Probate/Bankruptcy in process   ☐ Mobile Home   ☐ Power of Attorney needed

☐ Other \_\_\_\_\_

12. Are there any Federal Tax Liens filed against any buyer? Yes / No  
Are there any State tax lien filed against any buyer? Yes / No

**Funds to close (from buyer or seller) *must be wired to our firm's escrow account.* Please provide an email address and Medley & Associates will immediately forward wiring instructions. To protect you against wire fraud from outside sources who have targeted home buyers, do not accept wiring instructions from anyone other than Kim Kline & Associates.**

\*Please note the following items ***may*** be required for closing:

☐ Photo ID   ☐ Home Warranty, if applicable   ☐ Corporate Docs   ☐ Wired Funds, if applicable

☐ Termite Letter, if applicable   ☐ Paid Receipts, if applicable

13. Type of Transaction:      Cash   **or**   Mortgage Financing

\*\*\*\*\***COMPLETE THE ATTACHED LOAN/LIEN INFORMATION SHEETS**\*\*\*\*\*

## **LOAN INFORMATION**

1. \_\_\_\_\_ Loan No.: \_\_\_\_\_  
Lender Name

Loan Amount \$ \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

2. \_\_\_\_\_ Loan No.: \_\_\_\_\_  
Lender Name

Loan Amount \$ \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

The undersigned does hereby acknowledge that Kim Kline & Associates is handling the closing of my property and does hereby authorize any and all information regarding my loan account to be released to Kim Kline & Associates.

\_\_\_\_\_  
Name\*

\_\_\_\_\_  
Name\*

Security No.: \_\_\_\_\_

Security No.: \_\_\_\_\_

*\*Electronic Signatures are not accepted*

## **LIEN INFORMATION**

Please complete information for each **existing lien in your name** and sign where indicated. (If there are more than two liens, please make additional copies as needed).

1. \_\_\_\_\_ Lien No.: \_\_\_\_\_  
Lien Holder Name  
  
Approximate Balance \$ \_\_\_\_\_  
  
\_\_\_\_\_  
Lien Holder Attorney Attorney's Email Address  
  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Is  
an Equity Line? Yes/No Approximate Balance \$ \_\_\_\_\_

2. \_\_\_\_\_ Lien No.: \_\_\_\_\_  
Lien Holder Name  
  
Approximate Balance \$ \_\_\_\_\_  
  
\_\_\_\_\_  
Lien Holder Attorney Attorney's Email Address  
  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Is  
an Equity Line? Yes/No Approximate Balance \$ \_\_\_\_\_

The undersigned does hereby acknowledge that Kim Kline & Associates is handling the closing of my property and does hereby authorize any and all information regarding my loan account to be released to Kim Kline & Associates.

\_\_\_\_\_  
Name\*

\_\_\_\_\_  
Name\*

Security No.: \_\_\_\_\_

Security No.: \_\_\_\_\_

*\*Electronic Signatures are not accepted*