



MEDLEY & ASSOCIATES, LLC
ATTORNEYS AT LAW

ATTN: SHORTSALES

CLOSER@MKALAW.COM

PROPERTY ADDRESS: _____

SELLER'S FULL NAME: _____

SELLER'S SOCIAL SECURITY NUMBER(S): _____

FORWARDING ADDRESS: _____

PHONE: _____

EMAIL: _____

PAYOFF 1ST LOAN: _____ **Balance:** _____

ACCOUNT NUMBER: _____ **Phone Number:** _____

PAYOFF 2ND LOAN: _____ **Balance:** _____

ACCOUNT NUMBER: _____ **Phone Number:** _____

IF THERE ARE MANDATORY ASSOCIATION DUES IN THE COMMUNITY:

HOMEOWNERS ASSOCIATION: _____

PHONE NUMBER OF EITHER THE ASSOCIATION OR THE TREASURER

NAME: _____ **BALANCE:** _____

Have you filed bankruptcy? Yes or No

If so, please so provide the name of the bankruptcy attorney: _____

Phone Number: _____

Please fax the above information to our office (770) 319-7592 at your earliest convenience. It is important that all of the information be filled out completely so that the closing can go smoothly. Thank you for your cooperation in this matter. We look forward to working with you. Please feel free to contact our office if you should have any questions or concerns.