



CLOSING ATTORNEY'S INFORMATION SHEET

| ATTORNEY NAME: | |
|-------------------------------|---------------------------------------|
| ATTORNEY ADDRESS: | |
| | |
| ATTORNEY PHONE/FAX NO: | PH./FAX NO: |
| PROPERTY DESCRIPTION: | |
| Lot Block Section Su | ubdivision |
| Address | · · · · · · · · · · · · · · · · · · · |
| Tax Map # | CityZip |
| County of, Stat | te of South Carolina. |
| BUYER'S NAME(S) AND ADDRESS: | |
| | TELEPHONE NO.: Office |
| | |
| | |
| | Hers: |
| SELLER'S NAME(S) AND ADDRESS: | |
| • | TELEPHONE NO.: Office |
| | |
| | |
| SOCIAL SECURITY NUMBERS: His: | Hers: |
| * | |

Form 360 PAGE 1 OF 2

| IF TRANSACTION IS TO BE HANDLED THROUGH SELLER'S AND/OR BUYER'S DOCUMENTS ARE TO | · | ICATE WHETHER |
|---|-------------------------------|---|
| | | |
| BUYER'S: S DOES BUYER DESIRE OWNER'S TITLE INSURANCE | CE POLICY? | |
| DOES SELLER WANT US TO PREPARE DEED? | <u></u> | |
| | | |
| DEEDED TO: IS SURVEY REQUIRED? IF SO, WHO O | APDERS SLIBVEV2 | |
| IF PROPERTY IS UNDER TERMITE WARRANTY, W | | |
| | | |
| IS CL-100 NEEDED? NO YES IF YES, W | 'NO WILL ORDER? | |
| LAND MEADINE ION LENDED | | |
| LOAN INFORMATION: LENDER: | | |
| TELEPHONE NO.:MORTGAGE PAY-OFF INFORMATION: (1st MORTG | | |
| MORTGAGE PAY-OFF INFORMATION: (1st MORTG | GAGE) LOAN ACCOUNT NO.: | |
| APPROXIMATE AMOUNT OF LOAN: \$ TYPE OF LOAN: VA FHA | | |
| TYPE OF LOAN: LVA LFHA | | OTHER |
| INSURANCE AGENT: | TELEPHONE NO.: | |
| | | |
| ASSUMPTION INFORMATION: LENDER: | | |
| TELEPHONE NO.: | | |
| MORTGAGE PAY-OFF INFORMATION: (1st MORTG | AGE) LOAN ACCOUNT NO.: | |
| APPROXIMATE AMOUNT OF LOAN: \$ ` | , | |
| APPROXIMATE AMOUNT OF LOAN: \$ TYPE OF LOAN: | CONVENTIONAL | OTHER |
| INSURANCE AGENT: | TELEPHONE NO.: | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | **** |
| BROKERAGE INFORMATION: SELLING BROKER _ | | |
| AGENT: | | **** |
| TELEPHONE NO.: | FAX NO.: | ****** |
| TOTAL COMMISSION: \$ | | |
| LISTING BROKER: | | *************************************** |
| | | |
| AGENT: | EAY NO : | |
| TELEPHONE NO.: | PAX NO | |
| DIVISION COMMISSION, \$ | | |
| DDODEDTY SEANA OFD. Name: | Dhana | |
| PROPERTY MANAGER: Name: | Phone: | |
| ADDITIONAL INFORMATION: (i.e., FED. ID # fo | or Cornorations Property M | lanagers Special |
| | or corporations, respectly in | idilagois, opcolai |
| Conditions, et cetera) | | |
| | <u> </u> | |
| | | |
| | | |
| | | |
| | | |

The foregoing form is available for use by the entire real estate industry. The use of the form is not intended to identify the user as a REALTOR®. REALTOR® is the registered collective membership mark which may be used only by real estate licensees who are members of the NATIONAL ASSOCIATION OF REALTORS® and who subscribe to its Code of Ethics. Expressly prohibited is the duplication or reproduction of such form or the use of the name "South Carolina Association of REALTORS®" in connection with any written form without the prior written consent of the South Carolina Association of REALTORS®. The foregoing form may not be edited, revised, or changed without the prior written consent of the South Carolina Association of REALTORS®.

© 2008 South Carolina Association of REALTORS®. 1/08

Form 360