

# SETTLEMENT INFORMATION SHEET

PLEASE RETURN THIS FORM AT YOUR EARLIEST POSSIBLE CONVENIENCE

Return To: First Excel Title, LLC  
3201 Jermantown Road, Suite 850, Fairfax, VA 22030  
Tel: (703) 259-0840 or FAX to (703) 259-0841

**Legal Names and Social Security Numbers of Seller(s):**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ E-Mail: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ E-Mail: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

SELLER(S) FORWARDING ADDRESS: \_\_\_\_\_

ALL SELLER(S) ARE U.S. CITIZENS YES NO

ALL SELLER(S) ARE NOT U.S. CITIZENS (\*IF YES, PLEASE CONTACT THIS OFFICE ASAP\*) YES NO

ALL SELLER(S) will be present at settlement YES NO

A POWER OF ATTORNEY WILL BE NECESSARY YES NO

If yes, will we prepare the POA? \_\_\_\_\_ For Whom? \_\_\_\_\_

Who is the Attorney- In-Fact? \_\_\_\_\_  
(\*\*THIS OFFICE MUST REVIEW AND APPROVE POWER OF ATTORNEY PRIOR TO SETTLEMENT\*\*)

**Existing Lender(s) To Be Paid In Full:**

1) Bank Name and Address: \_\_\_\_\_

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

Loan No.: \_\_\_\_\_

2) Bank Name and Address: \_\_\_\_\_

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

Loan No.: \_\_\_\_\_

**Homeowner's Association/Condominium Association:**

Name of Association: \_\_\_\_\_

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

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

**Commission/ Administration Fee:**

Listing Broker: \_\_\_\_\_ Amt of Commission: \_\_\_\_\_ Admin Fee: \_\_\_\_\_

Selling Broker: \_\_\_\_\_ Amt of Commission: \_\_\_\_\_ Admin Fee: \_\_\_\_\_

**Termite Report/ Well & Septic Report**

Termite Inspection: YES NO If YES, PAID BY: (circle) PURCHASER SELLER

Well & Septic Report: YES NO If YES, PAID BY: (circle) PURCHASER SELLER

Post-Settlement Agreement: YES NO If YES, What are the terms? \_\_\_\_\_

Seller Credits to Buyer: YES NO If YES, What Amount? \_\_\_\_\_

**ANY OTHER INFORMATION WE SHOULD KNOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# FIRST EXCEL TITLE, LLC

*Real Estate Settlement Services*

**Fairfax Office**

3201 Jermantown Road, Suite 850  
Fairfax, VA 22030  
MAIN: (703) 259-0840  
FAX: (703) 259-0841

**District of Columbia Office**

5335 Wisconsin Avenue, Suite 440  
Washington, D.C. 20015  
MAIN: (202) 686-2876  
EFAX: (703) 653-8102

[www.firstexcel.net](http://www.firstexcel.net)

## AUTHORIZATION TO RELEASE PAYOFF INFORMATION

To: \_\_\_\_\_ (Payoff Lender Name)

Re: Account Number/Loan Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Good Thru: \_\_\_\_\_ (First Excel Will complete)

Let this letter serve as my/our instruction and authorization for you to provide First Excel Title, LLC with the figures and information necessary to payoff the above-referenced loan in full, including daily interest. The Original Note, marked PAID, and/or Certificate of Satisfaction, should be forwarded to First Excel Title, LLC immediately following payment in full of this loan.

If the above-referenced account is a home equity line or other form of credit line, PLEASE DO NOT EXTEND ANY FURTHER ADVANCES OR HONOR AND OTHER DRAWS ON THE ABOVE ACCOUNT.

SIGNATURE OF SELLER(S):

\_\_\_\_\_  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_