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A LIMITED LIABILITY COMPANY  
**FELDMAN LAW OFFICES, LLC**  
1360 Center Drive, Suite 100  
Atlanta, Georgia 30338

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**Pre-Closing Information-Seller**

August 13, 2008	File#
Listing Agent Name:	Listing Agent Fax#:
Listing Agent Phone#:	Listing Agent Email:
Seller Name:	Buyer Name:
Property Address:	Closing Date and Time:

**Payoff Information-Seller-Please Type or Print Clearly and Fill Out Completely**

*Please complete the information below to assist us in creating a smooth closing for you and your client.*

1 <sup>st</sup> Mortgage	2 <sup>nd</sup> Mortgage
Lender Name: _____	Lender Name: _____
Lender Phone: _____	Lender Phone: _____
Loan #: _____	Loan #: _____
Social Security Number(s): _____	Is this an equity Line? Yes [ ] No [ ]

Seller(s) Contact Information:  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
FAX: \_\_\_\_\_

**This is to authorize Feldman Law Offices, LLC to obtain any information on my above referenced mortgage loan account. I further acknowledge and agree that applicable fees may be assessed to my account as a result of the third party's requests. Fees may be charged per item, per request and are subject to change. This authorization does not expire until revoked by me.**

Signature \_\_\_\_\_

**Additional Information-Seller**

**Please note that if there is a Power of Attorney and/or a Quit Claim Deed required please contact our office so we may discuss the cost and procedures involved!!**

Will there be a **Power of Attorney** needed? [ ] Yes [ ] No

If yes, who needs the power of attorney? \_\_\_\_\_

And who will be signing as the Attorney in Fact? \_\_\_\_\_

Is this a **Mail Away**? [ ] Yes [ ] No

Is this a **Home Owner's Association**? [ ] Yes [ ] No

If yes, who is our contact person? \_\_\_\_\_

Number to contact? \_\_\_\_\_

Will a **Quit Claim Deed** be needed? [ ] Yes [ ] No

If yes, who from? \_\_\_\_\_

If yes, who to? \_\_\_\_\_

Are any Owners **Deceased** or **Divorced**? [ ] Yes [ ] No

If yes, who? \_\_\_\_\_

**Once you have completed this form please fax to our office at the number listed below!!!!**

Name: Terry Medin  
Phone: 770/393-4757  
Fax: 678/391-4915  
Email: [tmedin@feldman-law.net](mailto:tmedin@feldman-law.net)