



Atlas Title, LLC

903 Central Avenue • Dover, NH 03820 • Tel: (603) 743-0900 • Fax: (603) 743-1414

We are pleased to inform you that ATLAS TITLE, LLC has been chosen to conduct the real estate closing for your upcoming purchase. To ensure a smooth transaction, we have set forth certain requirements for closing.

So we may better serve you, we would appreciate your assistance in providing the information requested on the attached "Borrower Information Sheet". Enclosed please find a short questionnaire to be filled out and returned to us **as soon as possible**. You may fax, email or mail the completed questionnaire.

ON CLOSING DAY YOU WILL NEED TO BRING:

Bank check in an amount to be determined (if needed) payable to ATLAS TITLE, LLC.

Two forms of identification (i.e. Driver's License, Passport, Credit Card etc.) NOTE one form must be a photo ID. It is our obligation to confirm your identity for notary purposes and pursuant to the New Patriot Act.

NOTE: All borrowers must be present at closing unless arrangements are made with the lender in advance.

***PLEASE READ THE ENCLOSED BROCHURE ON OWNERS TITLE INSURANCE AND LET US KNOW IF YOU WOULD LIKE TO INCREASE YOUR COVERAGE WITH THE HTP POLICY ON YOUR NEW PROPERTY.**

ATLAS TITLE, LLC is committed to providing quality closing services and will make every effort to ensure your transaction is completed professionally and accurately. Once informs us that your loan is ready to close, we will contact you to schedule a closing date and time. We look forward to making your purchase a smooth and enjoyable experience. Please do not hesitate to email or call me with any questions or concerns.

Very truly yours,

Atlas Title, LLC
(603)743-0900

ATBuyLtr

PAYOFF AUTHORIZATION

Effective on December 15, 1989, federally chartered savings and loan associations and savings banks were required to obtain an authorization in writing from a customer in order to disclose payoff figures (FHLBE Reg. 89-2350).

To receive payoff figures, Atlas Title, LLC must be in receipt of the mortgagors consent form listing each lender holding a mortgage, equity line of credit, equity mortgage secured by the above-referenced property address. Please be sure to list the address(es) to which you currently make your payments.

Lender Name: _____

Lender Address: _____

Lender Phone # _____ Account # _____

Type of Loan: _____ (i.e. Conventional, FHA,VA, Home Equity, Commercial)

Lender Name: _____

Lender Address: _____

Lender Phone # _____ Account # _____

Type of Loan: _____ (i.e. Conventional, FHA,VA, Home Equity, Commercial)

Lender Name: _____

Lender Address: _____

Lender Phone # _____ Account # _____

Type of Loan: _____ (i.e. Conventional, FHA,VA, Home Equity, Commercial)

I/We hereby authorize and consent the above-named Lender(s) to release information to Atlas Title, LLC regarding payoff figures for the above-referenced accounts and understand that I/We may withdraw such authorization and consent at any time by notifying said institution in writing.

SS# Signature

SS# Signature

SS# Signature

SS# Signature

I, as agent for Atlas Title, LLC, agree to use information regarding the above-referenced accounts for the sole purpose of satisfying the above-referenced lien(s) in full. I receive and hold in confidence any and all information other than for the purpose stated above or to make any disclosure of information to a third party, except as permitted by the law and regulations.

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ATPayAth



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Please fill out this short questionnaire and return it to us **as soon as possible**. You may fax, email or mail the completed questionnaire. Timely receipt of this information will enable us to prepare the closing package with minimal delays.

BORROWER 1 NAME: _____ SS# _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE _____

MARITAL STATUS: _____ E-Mail: _____

BORROWER 2 NAME: _____ SS# _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE _____

MARITAL STATUS: _____ E-Mail: _____

**WOULD YOU LIKE TO INCREASE YOUR OWNERS COVERAGE TO THE HTP POLICY?
YES/NO (circle one) *See enclosed brochure from Old Republic National Title Insurance Co.**

HOMEOWNERS INSURANCE INFORMATION

AGENT NAME: _____ PHONE# _____

Yearly Homeowners Insurance Premium: \$ _____ Exp Date: _____

Policy #: _____

Real Estate Agent Name: _____ Phone: _____

If you have not obtained your insurance, please notify us once you have purchased it. If you are purchasing a condominium, please disregard the insurance information. Thank you for your cooperation and assistance in providing us with the above information. Please return the questionnaire as soon as possible.