



NORTHWOODS TITLE & CLOSING SERVICES, LLC

Closing Dept.
(715) 479-1854
Fax: (715) 479-7482

229 South Third Street, P.O. Box 877
Eagle River WI 54521

Title Dept.
(715) 479-6459
Fax: (715) 477-2515

CLOSING INFORMATION CHECKLIST

ORDERED BY: _____ COMPANY LIST/SELL: _____ / _____
 TRANSACTION (SELLER/BUYER): _____ / _____
 CLOSING DATE: _____ TIME: _____
 PLACE: _____
 SELLER PRESENT: YES _____ NO _____ BUYER PRESENT: YES _____ NO _____
 SALE PRICE: _____ EARNEST MONEY: _____ COMMISSION: _____
 PROPERTY LOCATION: _____
 PRIOR EVIDENCE OF TITLE: _____
 BUYER'S LENDER INFORMATION: _____

 E-MAIL DOCS FOR REVIEW: YES NO E-MAIL ADDRESS _____

SELLER INFORMATION

Name: _____
 Address: _____
 Address after Sale: _____
 Phone #: _____
 Social Security #: _____
 Email: _____
 Attorney: _____
 Marital Status: _____
 Seller's Primary Residence: Yes _____ No _____
 Lot Size / Acres: _____

BUYER INFORMATION

Name: _____
 Address: _____
 Address after Sale: _____
 Phone #: _____
 Social Security #: _____
 Email: _____
 Hold Title As: _____
 Attorney: _____
 Marital Status: _____
 Water Frontage: _____

OTHER ITEMS TO BE CHARGED ON CLOSING STATEMENT:

A. _____ \$ _____ Buyer _____ Seller _____ Pay to: _____
 B. _____ \$ _____ Buyer _____ Seller _____ Pay to: _____
 C. _____ \$ _____ Buyer _____ Seller _____ Pay to: _____

(attach any copies of bills if applicable)

Seller Payoff(s) ordered from Lender Yes / No* Copy to Northwoods Title Yes / No

*if no Please attach signed Payoff Authorization

Bill of Sale Yes / No (If yes, attach list of property if different)

\$ _____ Processing Fee

IF ANY ADDITIONAL CHARGES PLEASE ATTACH ON SEPARATE SHEET