

REPORT OF CLOSING

Title Number: _____

Underwriter: _____

CLOSER MUST COMPLETE ALL INFORMATION

By Whom Closed: _____ Date of Closing: _____

Transaction Closed at the Office of: _____ Address: _____

Phone: _____

Persons/Parties Present at Closing:

Interest	Name	Address	Phone
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Purchaser(s)' Attorney _____

Seller(s)/Owner(s)' Attorney _____

Purchaser(s) _____

Seller(s)/Owner(s) _____

Lender's Attorney _____

Broker(s) _____

Additional Person(s) _____

THE IDENTITY OF THE PERSONS EXECUTING THE PAPERS DELIVERED ON CLOSING WAS ESTABLISHED BY THE FOLLOWING EVIDENCE:

VALID NYS DRIVER'S LICENSE PASSPORT SOCIAL SECURITY CARD OTHER: _____

The following DOCUMENTS were EXECUTED and DELIVERED at Closing:

1. Kind of Instrument: _____

By: _____

To: _____

Dated: _____ Consideration/Amount: \$ _____

2. Kind of Instrument: _____

By: _____

To: _____

Dated: _____ Consideration/Amount: \$ _____

3. Kind of Instrument: _____

By: _____

To: _____

Dated: _____ Consideration/Amount: \$ _____

4. Kind of Instrument: _____

By: _____

To: _____

Dated: _____ Consideration/Amount: \$ _____

5. Kind of Instrument: _____

By: _____

To: _____

Dated: _____ Consideration/Amount: \$ _____

6. Kind of Instrument: _____

By: _____

To: _____

Dated: _____ Consideration/Amount: \$ _____

Other Closing Instruments: _____

Mortgage Policy Delivered at Closing Mortgage Policy to be Sent to: Address: _____

Fee Policy Delivered at Closing Fee Policy to be Sent to: Address: _____

CLOSER: (A) ALWAYS PRINT THE NAME OF THE INSURED FULLY AND COMPLETELY AND WRITE ALL NAMES LEGIBLY. (B) WHERE THERE ARE TWO PERSONS, INDICATE WHETHER HUSBAND OR WIFE. (C) IF FIRST NAMES ARE UNUSUAL INDICATE WHETHER MALE OR FEMALE. ABSTRACT FULLY TERMS OF PAYMENT OF ANY MORTGAGE DELIVERED ON CLOSING. SHOW ADDRESSES OF ALL GRANTEEES AND INDIVIDUAL MORTGAGEES. RECITALS IN INSTRUMENTS AND OTHER PERTINENT INFORMATION OR INSTRUCTIONS MUST BE NOTED.

SOCIAL SECURITY NUMBERS/FEDERAL ID NUMBERS:

SELLER/OWNER: _____

SSN/FED ID: _____

SELLER/OWNER: _____

SSN/FED ID: _____

SELLER/OWNER: _____

SSN/FED ID: _____

PURCHASER: _____

SSN/FED ID: _____

PURCHASER: _____

SSN/FED ID: _____

PURCHASER: _____

SSN/FED ID: _____