



**NORWOOD, ARMSTRONG  
& STOKES, PLLC.**  
ATTORNEYS AT LAW

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Charlotte, NC 28203

Tel: 704.529.1100  
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SELLERS AGENT: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMMISSION AMOUNT OR % - BUYERS AGENT: \_\_\_\_\_ SELLERS AGENT: \_\_\_\_\_  
EARNEST MONEY HELD BY: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
SELLER (S) NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
\_\_\_\_\_ SS#: \_\_\_\_\_  
FORWARDING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SELLER (S) MARITAL STATUS: \_\_\_\_\_  
NAME OF SPOUSE IF APPLICABLE: \_\_\_\_\_  
IS THE PROPERTY BEING SOLD THE SELLER'S PRIMARY RESIDENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
PRIOR TITLE INSURANCE POLICY: \_\_\_\_\_ NAME OF INSURER \_\_\_\_\_  
MOBILE/MANUFACTURED HOME: \_\_\_\_\_ YES \_\_\_\_\_ NO  
WILL ALL PARTIES ATTEND CLOSING: \_\_\_\_\_

**MORTGAGE PAYOFF(S)**

LENDER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
LENDER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
HOMEOWNERS ASSOCIATION: Management Company or Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail or Website: \_\_\_\_\_  
Payment Frequency: Monthly \_\_\_ Quarterly \_\_\_ Semi-Annual \_\_\_ Annual \_\_\_  
Date Last Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Are dues current?: Yes \_\_\_ No \_\_\_  
CLOSING DATE AND TIME: \_\_\_\_\_  
SELLER PAYING BUYER CLOSING COSTS UP TO: \_\_\_\_\_

**\*\*\*MUST BE SIGNED WITH WET SIGNATURES DUE TO LENDER REQUIREMENTS WHEN  
REQUESTING PAYOFFS\*\*\***

**\*\*\*PLEASE RETURN WITHIN 48 HOURS\*\*\***

We (I) as seller of this property give Norwood, Armstrong & Stokes, PLLC permission to order my mortgage  
payoffs for purposes of selling the property:

\_\_\_\_\_  
Seller Signature Date

\_\_\_\_\_  
Seller Signature Date