

The Law Offices of Jeffrey P. Ferrier

31 West Main St. (Route 520)
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Jeffrey P. Ferrier, Esq.
Member NJ and PA Bars

Cream Ridge Office:
163 Burlington Path Rd.
Cream Ridge, NJ 08514
(609) 758-5330 Phone
(609) 758-5334 Fax

Please reply to our Holmdel address

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Enclosed please find our **Seller's Information Sheet**. We ask that you please complete this form and return it to us. It is imperative that you complete this form thoroughly, as it will assist us in preparing the documents required for the closing of your real estate sale.

Also enclosed please find our **Retainer Letter**. Kindly sign and return one copy of the retainer letter to us along with the Seller's Information Sheet.

As the Seller, you are responsible for obtaining a Certificate of Occupancy and a Smoke Detector Certification prior to closing. Your Realtor can help you obtain these documents. You should contact them regarding this issue. However, if you have any questions or your Realtor cannot help you, you should contact your local building department and advise them that you are selling your home and you need to schedule an inspection for a Certificate of Occupancy and Smoke Detector Certification. They will schedule a date with you and conduct the inspections. Once you receive the Certificate of Occupancy and Smoke Detector Certification, please forward the original documents to our office prior to closing. Should you have any problems obtaining these documents, please contact our office immediately, as the closing cannot take place without them.

If you have a well on your property, it is your responsibility to supply the Buyers with the

acceptable water testing results prior to closing. Please consult your realtor about these tests. Or, you can call our office for assistance with this issue.

Lastly, two fees which are commonly overlooked by the Sellers are the realtor commissions and the New Jersey Realty Transfer Fee. The New Jersey Realty Transfer Fee will be slightly less than 1% of the sales price of your home.

Please feel free to telephone us with any questions or concerns that you may have with the above-mentioned or throughout the transaction process.

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PLEASE BE AWARE THAT THIS FORM MUST BE COMPLETED AND RETURNED TO
OUR OFFICES NO LATER THAN 2 WEEKS BEFORE THE ANTICIPATED CLOSING
DATE. FAILURE TO RETURN THIS FORM IN A TIMELY MANNER MAY DELAY YOUR CLOSING.

SELLER'S INFORMATION SHEET

NAME OF SELLERS: _____

Name of any other co-owners of the property: _____

Property address: _____

Tax Lot: _____ Tax Block _____

LAST 4 DIGITS OF SOCIAL SECURITY # OF EACH SELLER:

XXX-XX-_____

XXX-XX-_____

Is this your Primary Residence? Yes _____ No _____

MARITAL HISTORY: Date of Marriage _____
Previously Married? Yes _____ No _____
If yes, attach Judgment(s) of Divorce _____
Wife's Maiden Name _____
If Spouse is deceased, attach death certificate _____

TYPE OF RESIDENCE: Single Family _____ Townhouse _____
Condo _____ Co-Op _____
Multi-Family _____ /No. of Units _____

Are there any Tenants living at the property: If so, provide details below including tenant name, when the lease ends, amount of rent and security deposit.

_____.

HOMEOWNER'S ASSOCIATION: If the residence is a condominium, townhouse, or co-cop, or your community has a Homeowner's Association, please furnish the name, address and telephone number of the Association, as well as the name of a contact person, so that we can obtain the necessary information to complete this transaction. Please be advised that you may be responsible to transfer a copy of the By-Laws to the Association at closing.

TRANSFER TAX: You may be eligible for a partial exemption from the New Jersey Real Estate Transfer Tax if you meet all of the following qualifications:

- 1) One owner is 62 years of age or over and no joint owners other than the spouse or other qualified owner.
- 2) The premises are one or two-family homes.
- 3) The premises is owned and occupied by the owners at the time of the closing.
- 4) This is your primary residence (not a summer home) and you live in NJ

If you think you qualify for this partial exemption, please complete the following:

NAME: _____

DATE OF BIRTH: _____

CITIZENSHIP: Are you a citizen or legal residency of the United States: Yes _____ No _____

*If No, please advise as this may impact closing process.

JUDGMENTS: Any judgments against the Owners of Record must be paid in full at the time of closing. If you are aware of any judgments, please furnish this office with details.

FORWARDING ADDRESS AFTER CLOSING:

Street: _____
City/State/Zip: _____
Phone No.: _____

TYPE OF FUEL: Oil _____ Gas _____
If heated by oil, is tank underground or in basement: _____
Name and phone number of oil company: _____

TYPE OF WATER: Well _____ Municipal _____ Private _____

TYPE OF SEWER: Septic Tank _____ Municipal Sewer _____

TERMITE TREATMENT: Has the home ever been treated for termites?
Yes _____ No _____
If Yes, please provide name/address of treatment company and date of treatment:

Is the home under Termite Warranty? Yes _____ No _____

ARE THERE ANY UNPAID ASSESSMENTS FROM THE TOWN OF ANY HOMEOWNERS ASSOCIATIONS WHICH AFFECT THE PROPERTY? IF SO, PLEASE PROVIDE DETAILS:

DO YOU HAVE PERMITS FROM THE TOWNSHIP FOR ANY IMPROVEMENTS ADDED SINCE YOU PURCHASED (deck, fence, addition, finished basement etc.)? Yes _____
No _____ If no, you will need to obtain the permits prior to closing.

MORTGAGES/HOME EQUITY LOANS/LINES OF CREDIT: If there are any Mortgages on the property, please furnish the following:

Name of Lender Account No.: _____
Phone No.: _____
Fax No.: _____

Name of Lender Account No.: _____
Phone No.: _____
Fax No.: _____

Name of Lender Account No.: _____
Phone No.: _____
Fax No.: _____

NO CHECKS OR WITHDRAWALS FROM EQUITY LOANS OR LINES OF CREDIT SHALL BE MADE AFTER ATTORNEY REVIEW CONCLUDES WITHOUT NOTICE TO THIS OFFICE.

CONSENT FORM

To Whom It May Concern:

The undersigned hereby authorize(s) the lender(s) to release to the Law Offices of:

Seller's Attorney: JEFFREY P. FERRIER, ESQ.

Buyer's Attorney; _____

Any and all information regarding the balance due on the mortgage(s) with the status of any escrow accounts, payment of taxes, etc.

DATED: _____ Signature _____

DATED: _____ Signature _____

PHOTOCOPY TO BE ACCEPTED AS ORIGINAL

HOME EQUITY LOAN CONSENT

To Whom It May Concern:

This is to advise you, the lender, that I/we am/are selling the property referenced in the payoff letter. As of the date of closing and payment in full of this loan, I/we authorize you to close out this account and cancel the mortgage.

I/we understand that the account will be "Frozen" as of the date of this payoff request letter, which is usually two to four weeks prior to the closing date.

My/our forwarding address will be provided to you at closing.

DATED: _____ Signature _____

DATED: _____ Signature _____

PLEASE READ---IMPORTANT

IF YOU HAVE A HOME EQUITY LINE OF CREDIT ON THE HOUSE YOU ARE SELLING YOU MUST CONTACT YOUR BANK AND OBTAIN WHAT IS CALLED A “FREEZE LETTER.” OUR OFFICE CANNOT OBTAIN THIS LETTER ON YOUR BEHALF. ONCE YOU FREEZE YOUR HOME EQUITY LOAN YOU WILL NO LONGER BE ABLE TO WITHDRAW MONEY FROM THAT ACCOUNT.

WHEN YOU OBTAIN THE FREEZE LETTER PLEASE FORWARD IT TO ME.

WE NEED THE FREEZE LETTER AT LEAST 10 DAYS PRIOR TO CLOSING OR WE WILL NOT BE ABLE TO CLOSE. IF WE DO NOT RECEIVE THIS LETTER FROM YOU IT WILL DELAY YOUR CLOSING.