



**FLT Closing Checklist**  
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Submitting Person/Lead Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Property being sold: \_\_\_\_\_  
(address / tax parcel # etc)

FLT Prepare Seller Docs: YES NO (Deed & Transfer, closing Statement)

FLT to attend closing for Seller Representation: YES NO

**Sale Price:** \$ \_\_\_\_\_

Co-Broke: \_\_\_\_\_ (realtor helping or commission for buyer agent?)

Buyer's Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent Email: \_\_\_\_\_

Commission split: Listing agent \_\_\_\_\_ Selling agent \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Held by: \_\_\_\_\_

**Seller:**

Name (1): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ \*\*

Address (if different): \_\_\_\_\_

Name (2): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ \*\*

Address (if different): \_\_\_\_\_

Name (3): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ \*\*

Address (if different): \_\_\_\_\_

\*\*Social Security Numbers are used for State of Wisconsin State Transfer form. If you feel more comfortable calling in your SSN, please do at 920-674-3913

Current Mortgage Info:

Lender Name (1) \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Lender Name (2) \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Lender Name (3) \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Seller's Attorney; if requested to send a copy:

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Owners Association:

Yes/No: \_\_\_\_ Name of HOA: \_\_\_\_\_ HOA Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Last Dues amount if known: \$ \_\_\_\_\_

Additional Bills:

Fuel Oil/LP Gas Reading: \_\_\_\_\_ Gallons \$/Gallon: \_\_\_\_\_ Provider/purchased: \_\_\_\_\_

Home owner Protection Plan: YES NO Cost: \_\_\_\_\_ Company: \_\_\_\_\_

If YES; please provide invoice and any other information

Additional info for Protection Plan: \_\_\_\_\_

Misc. Bills to be included on Closing Statement:

Amount: \_\_\_\_\_ Paid to: \_\_\_\_\_

Amount: \_\_\_\_\_ Paid to: \_\_\_\_\_

Amount: \_\_\_\_\_ Paid to: \_\_\_\_\_

Additional form attached herein, authorization for Fidelity Land Title to request information for your mortgage payoff; also Social Security Numbers are used for loan payoff information and State of Wisconsin State Transfer form. If you feel more comfortable calling in your SSN, please do at 920-674-3913

ATTACH COPIES OF OFFER AND ANY AND ALL ADDED NUMS OR AMENDMENTS TO OFFER

ALSO COPIES OF ALL BILLS TO BE PAID FROM PROCEEDS

This is an attachment to FLT Closing Checklist

Property Address: \_\_\_\_\_

**Buyer Information:**

Name (1): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ \*\*

Address (if different): \_\_\_\_\_

Name (2): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ \*\*

Address (if different): \_\_\_\_\_

Name (3): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ \*\*

Address (if different): \_\_\_\_\_

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**Buyer's Lender:**

Lender Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tentative Closing Date:** \_\_\_\_\_

**Buyer's Attorney; if requested to send a copy:**

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_