



# Jill B. Brakeman

Attorney • Collaborative Divorce Counselor

Law Office & Mediation Center

174 West Street • Suite 211

Litchfield, CT 06759

(860) 567-3404 • www.brakemanmediation.com

## SALE

Client Data Sheet to be filled in and returned to our office.

Property: \_\_\_\_\_ Date: \_\_\_\_\_

### CLIENT:

Client #1: \_\_\_\_\_ SS# \_\_\_\_\_

Client #2 \_\_\_\_\_ SS# \_\_\_\_\_

Street: \_\_\_\_\_

Box: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

SALE PRICE: \_\_\_\_\_

CONTACTS: Home: \_\_\_\_\_ Best Time & Place to reach you: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### REALTOR:

Company: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Office: \_\_\_\_\_

Street: \_\_\_\_\_ Cell: \_\_\_\_\_

Box: \_\_\_\_\_ Fax: \_\_\_\_\_

Town/ST/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### COMMISSION DUE

Percent: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Buyer Broker Fee: \_\_\_\_\_ (If Applicable)

### FORWARDING ADDRESS

Street: \_\_\_\_\_

Box: \_\_\_\_\_

Town/ST/Zip: \_\_\_\_\_

PLEASE COMPLETE THE INFORMATION BELOW FOR ALL DEBTS TO BE PAID OFF AT CLOSING

Type	Creditor Name and Address	Account Number	Phone/Fax	Payoff Estimate
Mortgage				
HELOC Home Equity Line				
Other ie: credit card				
Other				
Other				
Other				

**\*\*Important Information Needed for the mortgage/credit card payoffs.**

What will be the last date you make your mortgage/credit card payment before the closing?

Month \_\_\_\_\_ Day \_\_\_\_\_

Please list other dates for any additional payoffs.

Month \_\_\_\_\_ Day \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_

PLEASE CIRCLE THE FOLLOWING INFORMATION:

**Heating System on Property:** Fuel Oil      Electric      Natural Gas      Other \_\_\_\_\_

**Water System:**                      City Water      Well Water

**Sewage System:**                      City Sewer      Septic System

COMMENTS OR ISSUES TO BE NOTED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Jill B. Brakeman

Legal Assistants:  
Amie L. Olmstead  
Pamela Styers  
Allison Boender

## AUTHORIZATION TO RELEASE INFORMATION

Date:

Name:

Address:

To Whom It May Concern:

“You are hereby authorized to release any and all information as may be requested by my attorney, namely Jill B. Brakeman, or her staff, as it pertains to my credit or mortgage loan account with you.

Thank you for your time and attention to this matter.

Sincerely yours,

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