



# Fee Simple Law

closings@feesimple.law | 470-769-9700

## BORROWER INFORMATION FORM

**PROPERTY ADDRESS:** \_\_\_\_\_  
Street City State Zip Code

### BORROWER #1

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE: \_\_\_\_\_ WORK | CELL

EMAIL: \_\_\_\_\_

### BORROWER #2

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE: \_\_\_\_\_ WORK | CELL

EMAIL: \_\_\_\_\_

### HOMEOWNERS ASSOCIATION INFORMATION:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### WATER SERVICE:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_



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## AUTHORIZATION TO RELEASE PAYOFF INFORMATION

LENDER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_

Is this a: \_\_\_\_\_ First Mortgage                      \_\_\_\_\_ Second Mortgage

                    \_\_\_\_\_ Third Mortgage                      \_\_\_\_\_ Home Equity Line

BORROWER NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

BORROWER NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SETTLEMENT AGENT: Fee Simple Law

The undersigned hereby authorize the above-referenced Lender to release to Fee Simple Law and any of its employees and agents acting on its behalf all payoff information associated with the loan account referenced above. Please furnish all pertinent information to Fee Simple Law as they may require.

If this account allows for advances of a credit line, the undersigned request and authorize Lender to block this account against all future draws. If Lender makes additional advances, they will not be secured by the above-referenced Property. Upon issuance of a payoff statement and receipt of payment based upon that statement, Lender will be obligated to release the Security Instrument securing the line of credit.

A photocopy of this Authorization bearing the signature of the undersigned may be deemed the equivalent of the original. Borrower: (All Borrowers on the above-referenced loan must sign)

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

Digital Signatures are NOT Permitted