

DEED & TRANSFER DOCUMENT PRE-FILING CHECKLIST

I am interested in obtaining the following services (Check all that apply):

- Deed Preparation**
- ACRIS/Transfer Document Preparation**

APPLICANT

Applicant Name:	
Phone Number:	Email:
Title # (If Applicable):	
Contract Date (For Transfers with Consideration):	Closing Date/Document Date:

PROPERTY

Property Address:			
County:			
District:	Section:	Block:	Lot:
Property Type: <input type="checkbox"/> Residential Cooperative <input type="checkbox"/> Residential Condominium <input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Family <input type="checkbox"/> 3Family			
<input type="checkbox"/> Commercial <input type="checkbox"/> Other:			

TYPE OF TRANSACTION: Arms Length Executor No Consideration Transfer by Referee or Receiver

Transfer Pursuant to Foreclosure Transfer Pursuant to Divorce Decree Other (Specify)

Choose 1: No Consideration Consideration (Purchase Price): \$

Is Purchaser paying Transfer Taxes? Yes No

PLEASE NOTE: ACRIS AND DEED MUST HAVE ALL PARTIES AND ADDRESSES EXACTLY THE SAME, INCLUDING MIDDLE INITIALS FOR INDIVIDUALS, IF APPLICABLE.

GRANTOR (Choose 1): Individual Single Member LLC (**Must provide Single Member Name & SSN**)

Multi-Member LLC Corporation Estate/Trust Other (Specify):

Grantor 1:	SSN/EIN:		
Grantor 2:	SSN/EIN:		
Grantor Street Address:			
City:	State:	ZIP:	Phone:
Single Member LLC Name:		Single Member LLC SSN:	

GRANTOR'S ATTORNEY:

Name:	Phone:
Address:	

GRANTEE (Choose 1): Individual Single Member LLC (**Must provide Single Member Name & SSN**)

Multi-Member LLC Corporation Estate/Trust Other (Specify)

Grantee 1:	SSN/EIN:		
Grantee 2:	SSN/EIN:		
Grantee Street Address:			
City:	State:	ZIP:	Phone:
Single Member LLC Name:		Single Member LLC SSN:	

GRANTEE'S ATTORNEY:

Name:	Phone:
Address:	

ADDITIONAL INFORMATION FROM YOU THE CLIENT:

