## **BRENNAN TITLE COMPANY**

Instructions: When submitting forms to Brennan Title please fax or email (scan and email) to the appropriate location. *Please confirm that forms have been signed where appropriate.* 

Location	<b>Fax To</b>	Email To
Annapolis, MD	410-224-8343	LVJump@brennantitle.com
Bowie/Annapolis, MD	301-262-6701	Cn4brennantitle@aol.com
Camp Springs, MD	301-423-5354	Sara@brennantitle.com
Fort Washington, MD	301-203-0802	Belinda@brennantitle.com
Ocean Pines, MD	410-600-0636	Pete@btc-op.com
Owings, MD	301-855-0977	RUpton@brennantitle.com
Prince Frederick, MD	410-535-4813	Melinda@brennantitle.com
Relocation Division	301-316-3270	Lynda@brennantitle.com
Waldorf, MD	301-885-3205	Belinda@brennantitle.com
McLean, VA	703-917-0860	Kgrammes@brennantitle.com
Delaware - Eastern Shore	302-541-0583	pete@btc-op.com
Washington, DC	202-537-1821	LBentley@brennantitle.com

## BRENNAN TITLE COMPANY

DTC Cose #.		
SEI	LLER INFORMATION FORM	
SELLER # 1		
Seller's Name:		
Forwarding Address:	W. I. Di	
Home Phone:	Work Phone:	
	Fax #:	
E-Mail:	SSN:	
SELLER # 2		
Seller's Name: Forwarding Address:		
	Work Phone:	
	SSN:	
PAYOFF # 1 Existing Lender Name:Address:	ΓΙΟΝ:	
Phone #:		
PAYOFF # 2		
Address:		
Loan #:Phone #:		
HOA/CONDO DUES		
Management Company Name: _Address:		

Phone #:			
Fax #:			
LISTING AGENT IN	FORMATION:		
Agent Name: Agent's Affiliated Com Address: Commission:	•	Selling:	
Administrative Fee:			
DC Properties Or	ıly: Please comp	olete the below info	rmation:
HAS THE PROPERT	Y BEEN OCCUPIE YES***	D BY TENANTS IN THI NO	E PAST 24 MONTHS?
MONTHS, PLEASE S	TOP AND CALL US	CCUPIED BY TENANTS S IMMEDIATELY!!! WE U PRIOR TO PROCEED!	E MUST OBTAIN
OTHER INFORMAT	ION:		
	mmediately if, a Pow	g of your name, as you w er of Attorney will be ne ur behalf.	

PLEASE SUBMIT TO BTC VIA FAX OR E-MAIL AT YOUR EARLIEST OPPORTUNITY. THANK YOU.

## **Payoff Request Authorization**

(Please complete one of these authorizations for  $\underline{each}$  mortgage or line of credit)

To Whom It May Concern:	
Re: Property address:	
Bank/Mortgage Company to be paid off:	
Name:	
Phone #:	
LOAN NUMBER:	
Address (Customer Service address not P.O payments):	O. Box where you send monthly
Social Security Numbers	
Borrower 1Borrower 2	- -
Dear Lender:	
Please release payoff information for the al Company.	bove referenced loan to Brennan Title
Signed:	
 Name:	Name: