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Client Intake Form for Sale of Real Estate

Property Address: _____

Closing Date (if known): _____

Do you plan to be in Rhode Island for the closing? ☐ Yes ☐ No

Seller 1 Name: _____

Seller 1 Address: _____

Seller 1 Phone: _____

Seller 1 Email: _____

Are you a Rhode Island Resident? ☐ Yes ☐ No

Seller 2 Name: _____

Seller 2 Address: _____

Seller 2 Phone: _____

Seller 2 Email: _____

Are you a Rhode Island Resident? ☐ Yes ☐ No

Realtor Name and Contact Information (if applicable): _____

Are there any mortgages, liens or encumbrances on the property? ☐ Yes ☐ No

Please provide the following information for each mortgage and/or home equity line of credit:

Lender Name: _____

Lender Address: _____

Mortgage Account Number: _____

Outstanding Balance (approx.): _____

Lender Name: _____

Lender Address: _____

Mortgage Account Number: _____

Outstanding Balance (approx.): _____