

Title # _____

HOME ABSTRACT CORP.

ACRIS 2.1 INFORMATION SHEET

It is hereby understood and agreed that Home Abstract Corp will prepare the transfer documents related to the transaction referenced below for a fee of \$150.00 per transaction in accordance with the Acris, Phase II program. It is also agreed that said fee will be paid at closing. Please be advised that Home Abstract Corp will only prepare the documentation necessary for Acris, which does NOT include the Deed, IT-2663, and Preliminary Registration/Affidavit in Lieu of Registration Form. Please be advised, transfer documents cannot be prepared unless ALL questions are answered.

PURCHASERS INFORMATION:

Purchasers: _____

Purchasers Current Address: _____

City, State, Zip Code: _____

Purchasers Address after Transfer: _____

City, State, Zip Code: _____

Social Security Numbers: _____

Purchaser Attorney: _____

Attorneys Address: _____

City, State, Zip Code: _____

Phone Number: _____

SELLERS INFORMATION:

Sellers: _____

Sellers Current Address: _____

City, State, Zip Code: _____

Sellers Address after Transfer: _____

City, State, Zip Code: _____

Social Security Numbers/EIN: _____

Sellers Attorney: _____

Attorneys Address: _____

City, State, Zip Code: _____

Phone Number: _____

PROPERTY INFORMATION :

Condition of Transfer (see RPT): _____

Type of Property: _____

Percentage of Real Property Conveyed: _____%

Purchase Price: \$ _____

Sale Contract Date: ____/____/____ **Closing Date:** ____/____/____

Property Address: _____

City, State, Zip Code: _____

Borough/Block/Lot: _____/_____/_____

Coop Corp Name (if applicable): _____

Address Real Estate Tax Bills are to be sent to; (If left blank Purchasers' information will be used).

In the space provided below please list any special condition, which may affect the conveyance and therefore determine which schedules are to be completed:

Agreed and Accepted:
