EST 2025
HEDGEBETH CARTER
LAW GROUP

REAL ESTATE SELLER INTAKE FORM

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Instructions: Please complete this form as thoroughly as possible. All information provided will be kept confidential and used solely for the purpose of your real estate closing.

SELLER INFORMATION	
Seller Name(s) (First, Middle, Last):	
Marital Status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Free Trader
Spouse Name (if applicable):	
Seller's Mailing Address:	
Primary Phone Number:	
Secondary Phone Number:	
Email Address:	
Social Security Number (Seller 1):	
Social Security Number (Seller 2):	
EIN (if applicable):	

PROPERTY INFORMATION	
Address of Property Being Sold:	
Anticipated Closing Date:	
Property Type:	☐ Residential ☐ Commercial ☐ Manufactured/Mobile ☐ Land
VIN (if Manufactured/Mobile):	

MORTGAGE/LIEN INFORMATION	
Current Mortgage or Equity Line?	☐ Yes ☐ No
Lender 1 Name:	
Lender 1 Loan Number:	
Lender 1 Phone Number:	
Equity Line?	☐ Yes ☐ No
Lender 2 Name:	
Lender 2 Loan Number:	
Lender 2 Phone Number:	
Equity Line?	☐ Yes ☐ No
Lender 3 Name:	
Lender 3 Loan Number:	
Lender 3 Phone Number:	
Equity Line?	☐ Yes ☐ No
HOMEOWNER'S ASSOCIATION (if applicable)	
HOA Monthly Fee:	
HOA Management Company:	
HOA Amount Currently Owing:	
HOA Phone Number:	
REALTOR/COMMISSION INFORMATION	
Buyer's Agent Name:	
Buyer's Agent Commission (%):	
Buyer's Agent Flat Fee ($):	
Seller's Agent Name:	
Seller's Agent Commission (%):	
Commission Paid By:	☐ Seller ☐ Buyer
CLOSING PREFERENCES	
Will Seller Attend Closing?	☐ Yes ☐ No

Seller's Forwarding Address:	
Seller Proceeds After Closing:	☐ Pick Up ☐ Mailed ☐ Wired ($60 fee)

OPTIONAL SELLER DOCUMENT PREPARATION

Hedgebeth Carter Law Group can prepare seller documents for a fee of $250.

Request Seller Document Preparation?	☐ Yes ☐ No

DISCOUNTED ESTATE PLANNING SERVICES

Hedgebeth Carter Law Group is pleased to offer discounted estate planning documents to clients using our real estate services. **For only $500 at closing**, we can provide: a simple will, healthcare power of attorney, advance directives for end-of-life care, and general power of attorney.

Would you like these services?	☐ Yes ☐ No

By submitting this form, I acknowledge that the information provided is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

HEDGEBETH CARTER LAW GROUP, PLLC