



PO BOX 59, RIVER GROVE, ILLINOIS 60171-0059  
TELEPHONE (708) 456-4500 • FAX (708) 456-4520  
www.2smithlaw.com

HARRY J. SMITH, JR.  
BART A. SMITH\*  
MARJORIE A. MANCHEN

*\*Also admitted in Michigan*

**INFORMATION SHEET FOR**

---

**Please complete and return by mail or fax (708-456-4520) at your earliest opportunity.**

**1. TITLE POLICY OR TORRENS CERTIFICATE** - Insures the marketability of title; issued upon your purchase of this property by Attorney's Title Guaranty Fund, Inc., Chicago Title, First American Title, etc.

\_\_\_\_\_ Enclosed  
\_\_\_\_\_ Given to: \_\_\_\_\_

*NOTE: If the Title Policy is not available, please enclose a copy of your Deed.*

**2. SURVEY** \_\_\_\_\_ Enclosed  
\_\_\_\_\_ Given to: \_\_\_\_\_

**3. MORTGAGES/HOME EQUITY LOAN**

FIRST MORTGAGE:

Name and Address of Loan Company or Bank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Loan Number: \_\_\_\_\_  
Date Payment is Due (1st, 15th) \_\_\_\_\_

SECOND MORTGAGE

Name and Address of Loan Company or Bank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Loan Number: \_\_\_\_\_  
Date Payment is Due (1st, 15th) \_\_\_\_\_

**4. HOMEOWNERS OR CONDO ASSOCIATION**

We pay \$\_\_\_\_\_ (Monthly, Quarterly, or Annually)  
To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Date of last payment: \_\_\_\_\_

**5. WELL/SEPTIC.** Do you have a well and/or septic system? Yes \_\_\_\_\_ No \_\_\_\_\_

---

**6. SANITARY DISTRICT.** Is your home serviced by a sanitary district or drainage district which bills separately from your real estate tax bill? If so, please indicate.

A. Date of last payment: \_\_\_\_\_

B. Name of the District: \_\_\_\_\_

**7. SELLERS' SOCIAL SECURITY NUMBERS**

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

**8. LAND TRUST.** Is this property held in a Land Trust? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Trust No.: \_\_\_\_\_ Name of Trustee: \_\_\_\_\_

*NOTE: Please attach a copy of the Trust Agreement, if available.*

**9. LEASES** \_\_\_\_\_ Enclosed

\_\_\_\_\_ Given to: \_\_\_\_\_

Thank you for completing this information sheet. Once again, please fax the completed information sheet (and requested documents) to (708) 456-4520, or mail the documents to us at:

**SMITH & SMITH**

MAIL: P.O. BOX 59 • RIVER GROVE, ILLINOIS 60171-0059

LOCATION: 34 W CONTI PKWY, ELMWOOD PARK, IL 60707-4503