

**GULF SHORES TITLE COMPANY, INC.
SEAWIND CONDOMINIUM DATA INFORMATION FORM**

*IT IS VITAL TO THE CLOSING PROCESS THAT THIS
FORM IS COMPLETED IN ITS ENTIRETY AND RETURN TO:*

**GULF SHORES TITLE CO.,INC.
P O BOX 895
GULF SHORES, AL 36547**

DATE _____

UNIT NUMBER _____

PLEASE COMPLETE EVERY SECTION ON THIS FORM

BUYER(S) NAME: (this is how your name will be on the deed and title insurance)

MARITAL STATUS: please circle one

MARRIED OR UNMARRIED

N/A IF TRUST OR CORPORATION

ADDRESS: _____

PHONE HOME: _____

WORK: _____

FAX: _____

CELL: _____

EMAIL ADDRESS: _____

EXPRESS OUT or PRESENT at closing? Please circle one

If expressing out, address where you want package shipped to:
(must be physical address not a P.O. Box)

CASH OR MORTGAGE please circle one

LENDER _____

PHONE: _____

LOAN OFFICER: _____

HAVE YOU SOLD THIS UNIT? YES OR NO please circle one

IF YES, WE NEED THE FOLLOWING INFORMATION:

SOLD TO: _____

ADDRESS: _____

PHONE NUMBERS: _____

REAL ESTATE AGENTS: COMPANY NAME: _____

CONTACT PERSON: _____

PHONE NUMBER(S): _____

**** PLEASE NOTE****

IF BUYER OR SELLER IS A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR TRUST, WE MUST BE PROVIDED WITH THE FOLLOWING DOCUMENTATION :

CORPORATION:ARTICLES OF INCORPORATION AND CORPORATE RESOLUTION

LIMITED LIABILITY COMPANY:ARTICLES OF LLC AND OPERATING AGREEMENT

PARTNERSHIP:.....PARTNERSHIP AGREEMENT

TRUST:.....TRUST AGREEMENT

IF 1031 EXCHANGE, QUALIFIED INTERMEDIARY CONTACT INFORMATION: _____

ADDITIONAL INFORMATION _____

PLEASE RETURN THIS FORM TO:

GULF SHORES TITLE CO.

P O BOX 895

GULF SHORES, AL 36547