

395 N. Service Road, Suite 302, Melville, NY 11747 P:631-423-1300 Website: WWW. FreedomLTA.com

## PREPARATION FORM

Seller's Attorney:			Title No:	
Address:				Phone:
Email:				Fax:
Closing Date & Time:	Premises:			
County:	Section:	Block:		Lot(s)
Seller:			SSN/EIN:	
Seller:			SSN/EIN:	
Seller's Address Exactly as it appears on Deed:				
Purchaser:			SSN/EIN:	
Purchaser:			SSN/EIN:	
Purchaser's Address Exactly as it appears on Deed:				
Purchaser's Attorney:				Phone:
Address:			Email:	
Purchase Price: Contra			ct Date:	
Property Size/Acres: Schoo			l District:	
Assessed Value: Prope			erty Class Code:	

## \*\*Please also state if BUYER is paying transfer tax\*\*

<sup>\*\*</sup>Return form to ClosingDesk@freedomLTA.com and Record@FreedomLTA.com \*\*