

OCEAN STATE TITLE & ESCROW, LLC

14 Breakneck Hill Road – Suite 102
Lincoln, Rhode Island, 02865

MICHAEL J. HEALEY, Attorney at Law
NICOLE J. SHANNON, Attorney at Law
JOANN B. COURNOYER, Paralegal-Office Manager

Tel: 401.305.3650
Fax: 401.305.3655
www.oceanstatitle.com

Dear Sir/Madam:

Thank you for selecting our title company to assist you in connection with the refinance of your property. We appreciate the opportunity to work with you and we will do our best to make the process as easy as possible for you. Our company will be conducting the closing for your Lender who will be providing you with a mortgage secured by the above mentioned property. The closing will be held at our office located at 14 Breakneck Hill Road, Suite 102, Lincoln, Rhode Island 02865. Enclosed you will find a form labeled "Closing Information Sheet." Please complete this form and return it to our office as soon as possible. You may also call in this information at **(401) 305-3650** or fax this form to **(401) 305-3655**.

We know this transaction is important to you and we will endeavor to make the transaction go smoothly. Please contact us with any questions.

Very truly yours,

Ocean State Title & Escrow, LLC

CLOSING INFORMATION SHEET

PLEASE COMPLETE THE FOLLOWING QUESTIONS AND RETURN THIS FORM AS SOON AS POSSIBLE.
PLEASE RETURN:

BY MAIL: 14 BREAKNECK HILL ROAD, SUITE 102, LINCOLN, RI 02865

BY FAX: (401) 305-3655

EMAIL: INFO@OCEANSTATETITLE.COM

NAME: _____

PHONE #'S: _____ (HOME) _____ (CELL)

HOME OWNERS

INSURANCE: INSURANCE AGENT: _____
INS. AGENT PHONE #: _____

MORTGAGE: MORTGAGE CO. NAME: _____
MORTGAGE CO. ACCOUNT #: _____
MORTGAGE CO. PHONE #: _____

2ND MORTGAGE: MORTGAGE CO. NAME: _____
(IF APPLICABLE) MORTGAGE CO. ACCOUNT #: _____
MORTGAGE CO. PHONE #: _____

SOCIAL

SECURITY #'S: SSN: _____ SSN: _____

(Some mortgage companies require your Social Security Number prior to providing a payoff. If you are not comfortable with providing your full Social Security Number please provide the last four digits.)

CREDIT CARDS:

If your lender is requiring that you pay off any credit cards or unsecured debts please list them below:

Company Name: _____	Account Number _____	Balance _____
Company Name: _____	Account Number _____	Balance _____
Company Name: _____	Account Number _____	Balance _____
Company Name: _____	Account Number _____	Balance _____

Your prompt return of this document will help to ensure that your transaction goes smoothly. Thank you for your cooperation and please feel free to contact us with any questions.

I/WE, Hereby authorize the above referenced lenders to provide any and all information regarding the above referenced loans, liens, charges to Ocean State Title & Escrow, LLC.

(SIGN)

(SIGN)