

**S H E L B O U R N E L A W F I R M**

Attorneys and Counselors at Law  
131 E. Richardson Avenue  
Summerville, South Carolina 29483

Mailing Address: Post Office Box 988  
Summerville, South Carolina 29484

P. Brandt Shelbourne  
Melanie A. Maes\*

Phone (843) 871-2210  
Fax (843) 875-2224

**TO:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_

**RE:** \_\_\_\_\_  
**PROPERTY ADDRESS:** \_\_\_\_\_

**CLOSING DATE:** \_\_\_\_\_

**BORROWER(S):**  
(As they appear on Deed) 1<sup>ST</sup>: \_\_\_\_\_  
2<sup>ND</sup>: \_\_\_\_\_

**TELEPHONE NO.:**  
HOME: \_\_\_\_\_  
WORK: 1<sup>ST</sup> / 2<sup>ND</sup>: \_\_\_\_\_  
CELL: 1<sup>ST</sup> / 2<sup>ND</sup>: \_\_\_\_\_

**SOCIAL SECURITY NO.:**  
1<sup>ST</sup> / 2<sup>ND</sup>: \_\_\_\_\_

Employer Identification  
Number (if applicable): \_\_\_\_\_

**PRIMARY RESIDENCE?**  
(If NO, Please Provide): \_\_\_\_\_

**INSURANCE COMPANY**  
(Please provide Name & Contact No.): \_\_\_\_\_

**IS PROPERTY IN FLOOD ZONE?:** \_\_\_\_\_

**LENDING COMPANY**  
(Please provide Name & Contact No.): \_\_\_\_\_

**BORROWER AT CLOSING?** \_\_\_\_\_

**Power Of Attorney  
Needed?** \_\_\_\_\_

If Yes, Please provide full names  
**From** \_\_\_\_\_  
**To** \_\_\_\_\_  
**Realtor:** \_\_\_\_\_

Please FULLY complete and return as soon as possible to ensure a smooth closing.

**THANK YOU FOR YOUR ASSISTANCE☺**