



DEED & TRANSFER DOCUMENT PRE-FILING CHECKLIST

I am interested in obtaining the following services (Check all that apply):

- Deed Preparation**
 ACRIS/Transfer Document Preparation (Includes all NYS Counties & Westchester)

APPLICANT

Applicant Name: _____
 Phone Number: _____ Email: _____
 Title # (If Applicable): _____
 Contract Date (For Transfers with Consideration): _____ Closing Date/Document Date: _____

PROPERTY

Property Address: _____
 County: _____
 District: _____ Section: _____ Block: _____ Lot: _____
 Property Type: Residential Cooperative Residential Condominium 1 Family 2 Family 3Family
 Commercial Other: _____

TYPE OF TRANSACTION: Arms Length Executor No Consideration Transfer by Referee or Receiver
 Transfer Pursuant to Foreclosure Transfer Pursuant to Divorce Decree Other (Specify) _____

Choose 1: No Consideration Consideration (Purchase Price): \$ _____

Is Purchaser paying Transfer Taxes? Yes No

PLEASE NOTE: ACRIS AND DEED MUST HAVE ALL PARTIES AND ADDRESSES **EXACTLY** THE SAME, INCLUDING MIDDLE INITIALS FOR INDIVIDUALS, IF APPLICABLE.

GRANTOR (Choose 1): Individual Single Member LLC (**Must provide Single Member Name & SSN**)
 Multi-Member LLC Corporation Estate/Trust Other (Specify): _____

Grantor 1: _____ SSN/EIN: _____
 Grantor 2: _____ SSN/EIN: _____

GRANTOR STREET ADDRESS:
 City: _____ State: _____ ZIP: _____ Phone: _____
 Single Member LLC Name: _____ Single Member LLC SSN: _____

GRANTOR'S ATTORNEY:
 Name: _____ Phone: _____
 Address: _____

GRANTEE (Choose 1): Individual Single Member LLC (**Must provide Single Member Name & SSN**)
 Multi-Member LLC Corporation Estate/Trust Other (Specify) _____

Grantee 1: _____ SSN/EIN: _____
 Grantee 2: _____ SSN/EIN: _____

Single Member LLC Name: _____ Single Member LLC SSN: _____
GRANTEE STREET ADDRESS:
 City: _____ State: _____ ZIP: _____ Phone: _____

GRANTEE'S ATTORNEY:
 Name: _____ Phone: _____
 Address: _____

ADDITIONAL INFORMATION FROM YOU THE CLIENT:

PLEASE NOTE: Along with this form, please attach a Schedule A Certification Page, or if unavailable, please provide a copy of the prior Recorded Deed. Additionally, if the property is located outside of the 5 Boroughs, please provide a Tax Search.

Attached is a copy of: <input type="checkbox"/> Schedule A or Prior Deed <input type="checkbox"/> Tax Search	OR	Please obtain for me a copy of: <input type="checkbox"/> Prior Deed <input type="checkbox"/> Tax Search
---	-----------	--

**Please Email Completed Forms to docprep@titlesny.com or Fax to (718) 423-5373
www.RegisterAbstract.com**