



AYRES PRESSER
Elder Law

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Date and Time of Appointment: _____ **Attorney:** _____

Who is attending the appointment today? _____

Who completed this form? _____

Type of appointment: Real Estate Sale / Transfer

CLIENTS' PERSONAL INFORMATION:

Client's Name (owner of Property):

(First) (Middle) (Last)

c/o _____

Address: _____

Township/Borough: _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

Date of Birth: _____

SSN: _____

Property to be sold:

Address: _____

Township/Borough: _____

County: _____

Do you have a copy of the Deed(s)? YES NO

Public Sewer? YES NO

If yes, is the sewer in compliance with your

local sewer ordinance? YES NO

Realtor Name: _____

IF YOUR APPOINTMENT IS BY PHONE, PLEASE PROVIDE OUR OFFICE WITH THE FOLLOWING DOCUMENTS PRIOR TO THE APPOINTMENT DATE:

1. Deed(s) to property being sold or transferred
2. Agreement of sale (if any)
3. Realtor contact information (if any)
4. Certificate of Compliance issued by your local sewer authority
5. Power of Attorney, if Agent is selling property or signing documents on owner's behalf
6. If there is an existing mortgage or home equity loan on the property

****If your appointment is in person, you may bring these documents to the office at the time of your appointment.**

If you need our office to prepare an Agreement of Sale, please provide the following:

Buyer(s)' Name(s): _____

Buyer's Address: _____

Buyer's Phone Number: _____

Buyer's Marital Status: Single Married Widow/Widower

Purchase Price: _____ **Deposit?** _____

Buyer's Attorney/Settlement Company: _____

Personal Property Included with Sale: _____

Are all appliances included? If no, please indicate which appliances are NOT included: _____

Miscellaneous Information: _____
