

FIRST NATIONWIDE TITLE ACRIS PREPARATION REQUEST FORM

APPLICANT INFORMATION

Firm Name _____ Contact Phone _____ Contact E-mail _____

GENERAL INFORMATION

Date Ordered _____ Title Number _____

Date of Closing _____ Percentage of Interest
Transferred _____

Date of Contract
of Sale _____ Total Consideration _____

Date of Transfer _____

GRANTOR INFORMATION

Please insure grantors' names and addresses are exactly as they appear on the deed and provide social security number/federal employer identification number for each. **If a grantor is a single member LLC please provide name and SSN/EIN for single member LLC. If grantor is multiple member LLC or partnership, please complete a separate page (see attached) for each multiple member LLC to include each member or general partner and their SSN/EIN. The schedule must be attached to the document.**

Grantor 1 _____ Single Member LLC? Yes ___ No ___

Address _____ Single Member LLC Name _____

SS # / Fed Employer ID# _____ Single Member LLC Fed ID # _____

Grantor 2 _____ Single Member LLC? Yes ___ No ___

Address _____ Single Member LLC Name _____

SS # / Fed Employer ID# _____ Single Member LLC Fed ID # _____

Grantor's Attorney

Name _____ Phone _____

Address _____

GRANTEE INFORMATION

Please insure grantees' names and addresses are exactly as they appear on the deed (must be permanent mailing address AFTER TRANSFER) and provide social security/federal employer identification number for each. **If a grantee is a single member LLC please provide name and SSN/EIN for single member LLC. If grantee is multiple member LLC or partnership, please complete a separate page (see attached) for each multiple member LLC to include each member or general partner and their SSN/EIN. The schedule must be attached to the document.**

Grantee 1 _____ Single Member LLC? Yes ___ No ___

Address _____ Single Member LLC Name _____

SS # / Fed Employer ID# _____ Single Member LLC Fed ID # _____

Grantee 2 _____ Single Member LLC? Yes ___ No ___

Address _____ Single Member LLC Name _____

SS # / Fed Employer ID# _____ Single Member LLC Fed ID # _____

Grantee's Attorney

Name _____ Phone _____

Address _____

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PROPERTY CONVEYED

Address _____
City/State _____
County _____
District _____
Section _____
Block _____
Lot _____
 Entire Lot Part of Lot

Property type:
 1 family residential
 2 family residential
 3 family residential
 4 or more family residential
 Vacant land
 Commercial
 Co-op
 Condo

CONDITION OF TRANSFER

- Arms length transfer
- Transfer in exercise of option to purchase
- Transfer from cooperative sponsor to cooperative corporation
- Transfer by referee or receiver
- Transfer pursuant marital settlement agreement or divorce decree deed in lieu of foreclosure
- Transfer from principal to agent, dummy, strawman or conduit or vice-versa
- Transfer pursuant to trust agreement or will
- Gift transfer not subject to indebtedness
- Gift transfer subject to indebtedness
- Transfer to a business entity in exchange for an interest in the business entity
- Transfer to a governmental body correction deed
- Transfer by or to a tax exempt organization
- Transfer of property partly within partly without NYC
- Transfer of successful bid pursuant to foreclosure
- Transfer by borrower solely as security for a debt or a transfer by lender solely to return such security
- Transfer wholly or partly exempt as a mere change of identity or form of ownership
- Transfer to a REIT or to a corporation or partnership controlled by a REIT
- Other transfer in connection with financing (describe) _____
- Other (describe) _____

TYPE OF INTEREST

Check the box which describes interest you are transferring.

- Fee
- Leasehold Grant
- Leasehold Assignment or Surrender
- Easement
- Development Rights
- Stock
- Partnership Interest
- Other (describe) _____

EXEMPTION EXPLANATION (IF APPLICABLE)

If an exemption is claimed, please explain.

Is buyer paying any of seller's expenses? Yes____ No____

Please Explain: _____

COMMENTS/FEEDBACK

FOR QUESTIONS CONTACT ALEXANDRA CARAMANNO
EMAIL: ALEXANDRA.CARAMANNO@FNNTA.COM – PHONE: (646) 284-7691

**SCHEDULE FOR
MULTIPLE MEMBER LLC
OR
PARTNERSHIP**

Partnership or Multiple Member LLC Name _____ **Grantor** _____ **Grantee** _____

General Partner or Member Name _____

SS # / Fed Employer ID# _____

General Partner or Member Name _____

SS # / Fed Employer ID# _____

General Partner or Member Name _____

SS # / Fed Employer ID# _____

General Partner or Member Name _____

SS # / Fed Employer ID# _____

General Partner or Member Name _____

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