## **OLYMPUS ABSTRACT, LLC**

5372 Merrick Road Massapequa, NY 11758 Ph. 516-308-7292 Fax 516-797-1259 <u>Helene@Olympusabstract.com</u>

Date:

<u>Applicant</u> : Name:		Со	mpany:	
Address:			F J	
City/State/Zip:				
Phone/Fax:		En	nail:	
Transaction Type:	PURCHASE	RE	EFINANCE	СЕМА
Purchase Price:		Lo	an Amount:	
<u>Property Address</u> : Street:				
City/State/Zip:				
District:	Section:	Block:	Lot:	
Buyer(s)/Borrower Name:	<u>(s):</u>		So	cial Security No.:
Name:			So	cial Security No.:
Buyer's Attorney (if a	applicable):			
<u>Seller(s):</u>				
Name:			So	cial Security No.:
Name:			So	cial Security No.:
Seller's Attorney (if a	applicable):			
Lender:				
Lender's Attorney:				
Survey Requirement		NEW	WILL PROVIDE	č
*Please attach a copy	y of the Contract of Sa	le for all Pl	JRCHASE Tran	sactions*

**ADDITIONAL INFORMATION:**