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## NOTE AND MORTGAGE INTAKE FORM

Lender Information	
Name:	
Address (where any notices should be sent):	
Telephone #:	
Email:	

Borrower Information	
Borrower 1 Name:	Borrower 2 Name:
Address (where any notices should be sent):	
Telephone #:	
Email:	

Property Information
Legal Description of Property:
County:
Physical Address of Property:
Names on Deed and how titled (JTWRS, Husband and Wife, Tenants in Common, Trustee, Etc):

**Purchase Terms**

Purchase Price:  Interest Rate:  Down Payment:  Number of Months:  Monthly Payments:  Balloon Payment at End of Term:  Payment due on _____ day of month.  Payment "late" after _____ day of month.  Late fee: _____  Place of Payment:	Any personal property or fixtures NOT included in the sale:    <hr/> During the term of agreement, which party shall pay the following: <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Buyer</th> <th style="width: 20%; text-align: center;">Seller</th> </tr> </thead> <tbody> <tr> <td>Liability/Hazard Insurance:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Contents Insurance:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fire Insurance:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Property Taxes:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Buyer	Seller	Liability/Hazard Insurance:	<input type="checkbox"/>	<input type="checkbox"/>	Contents Insurance:	<input type="checkbox"/>	<input type="checkbox"/>	Fire Insurance:	<input type="checkbox"/>	<input type="checkbox"/>	Property Taxes:	<input type="checkbox"/>	<input type="checkbox"/>
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**Other Terms, Including Alternate Payment Plan Information if Needed**