



Property Information		Request Information		Update Information	
File#:	BS-X01567-5084941262	Requested Date:	02/14/2024	Update Requested:	
Owner:	JACQUELYN SUMMERSET	Branch:		Requested By:	
Address 1:	6025 OVERBROOK AVE	Date Completed:		Update Completed:	
Address 2:		# of Jurisdiction(s):			
City, State Zip:	PHILADELPHIA, PA	# of Parcel(s):	1		

Notes

- CODE VIOLATIONS** Per City of Philadelphia Department of Zoning there are no Code Violation cases on this property.

Collector: City of Philadelphia Department of Zoning
Payable: 1401 John F Kennedy Blvd Philadelphia, PA 19102
Business# 215-686-1441
- PERMITS** Per City of Philadelphia Building Department there are no Open/Pending/ Expired Permit on this property.

Collector: City of Philadelphia Building Department
Payable: 1401 John F Kennedy Blvd Philadelphia, PA 19102
Business# 215-686-1441
- SPECIAL ASSESSMENTS** Per City of Philadelphia Treasurer Department there are No Special Assessments on the property

Collector: Philadelphia City Treasurer
Payable Address: 1401 John F. Kennedy Blvd, 11th Floor, Philadelphia, PA 19102
Business# 215- 686-2300
- DEMOLITION** NO



UTILITIES

WATER AND SEWER

Account #: 0406200006025001

Payment Status: DUE

Status: Pvt & Lienable

Amount: \$78.19

Good Thru: 02/29/2024

Account Active: YES

Collector: Philadelphia Water Department

Payable Address: 1101 Market St 5th Floor Philadelphia, PA 19107

Business # 215-686-6995

GAS

Account #:000339258840

Payment Status: DUE

Status: Pvt & Lienable

Amount: \$661.50

Good Thru: 03/14/2024

Account Active: YES

Collector: PGW Liens & Judgments Department

Payable Address: 800 W Montgomery Ave, 3rd floor, Philadelphia, PA 19122

Business # 215 -978-1053

GARBAGE

Garbage bills are included in the real estate property taxes

YOUR LOGO
HERE!

Your address here

DATE:	Feb. 19, 2024
ATTN:	407-210-3113@fax.pgworks.com
FROM:	"Santana, Tony"
SUBJECT:	021924 - 6025 Overbrook Ave.pdf

Note:

Philadelphia Gas Works



PGW Credit and Collections Department
 Phone: (215) 978-1053
 Fax: (215) 398-3352

ACCOUNT PAY-OFF INQUIRY FORM

Statement of Confidentiality: This document contains confidential information intended only for the entity named below. Any use, distribution, copying or disclosure by any other entity or person is strictly prohibited. If you have received this facsimile in error, please notify PGW immediately by telephone and return the original transmission to us by mail without making a copy.

A. TITLE AGENCY/LAW FIRM INFORMATION (FILL OUT THIS SECTION ONLY)

Authorization: By submitting this form to PGW, you represent and certify (i) that you are authorized by the owner of the below property to request payoff and account information for this property, and (ii) that all information you submit is to the best of your knowledge true, correct and complete.

Title/Lawyer Agency File #: BS-X01567-5084941262 Date of Settlement: 2/21/2024
 Law Firm/Title Agency: Stellar Innovations Requestor Name (Print Clearly): Gary
 Telephone #: (302) 261-9069 Facsimile #: (407) 210-3113
 Property Information (Please provide account numbers) Email: _____
 Address: 6025 Overbrook Ave. PGW Account #(s): _____
 Owner(s): Jacquelyn Summerset

Please Check All Applicable Boxes:

Purpose: Sale Refinance Foreclosure
 Type: Commercial Rental Mixed Use Rental Residential Rental Owner Occupied Unknown

If Sheriff Sale, Defendant Name: _____ Book/Writ # _____

Judgment/Lien _____ Docket #: _____ File Date: _____
 Judgment/Lien _____ Docket #: _____ File Date: _____
 Judgment/Lien _____ Docket #: _____ File Date: _____

B. PGW ONLY

DISCLAIMER: The pay-off information provided by PGW below is based on the property and owner information provided by the law firm/title agency. Failure to provide accurate information could affect the accuracy of the information reported by PGW. The information provided in this form is valid as of the date PGW faxes it to you. This statement is not a final bill which means that additional charges may be imposed for additional metered usage.

No Record of Account-(i) Verify type and status of services with owner, and (ii) re-contact PGW
 Record of Account:

Meter#: <u>2227578</u>	Meter Reading: <u>8014</u>	Date: <u>2/13/2024</u>	Actual/Estimate/Final	<u>Actual</u>
Meter#: _____	Meter Reading: _____	Date: _____	Actual/Estimate/Final	_____
Meter#: _____	Meter Reading: _____	Date: _____	Actual/Estimate/Final	_____

LCP COOPERATIVE (Property Not Liable for Tenant Debt) LCP NON-COOPERATIVE

List of All Debt

Account#:	Customer of Record:	Start Date:	End Date:	Amount:	Paid Through Date:	Amount Due:
0003 3925 8840	Jacquelyn Summerset	2/3/2012			3/14/2024	\$ 661.50

Judgment/Lien _____ Docket #: _____ File Date: _____
 Judgment/Lien _____ Docket #: _____ File Date: _____
 Judgment/Lien _____ Docket #: _____ File Date: _____

TOTAL AMOUNT DUE:
\$661.50

C. TITLE COMPANY/LAW FIRM PAYMENT INSTRUCTIONS

Make checks payable for the "TOTAL AMOUNT DUE" as stated above to PGW and return this form. Forward with payment to:

PGW – Collection Department
 800 W. Montgomery Avenue, 3rd floor
 Philadelphia, PA 19122
 Attn: Liens & Judgments

FAILURE TO RETURN THIS FORM ALONG WITH YOUR PAYMENT MAY RESULT IN A DELAY OR INCORRECT PROCESSING OF PAYMENT.

The "Paid Through Date" listed above may not include the final bill.
 If the owner is terminating service as of the settlement date,
 please provide the owner's mailing address for the final bill:

ADDRESS

PREPARED BY: T. Santana DATE: 2/19/2024 PAGE 1 OF 1

YOUR LOGO
HERE!

Your address here

DATE:	Feb. 19, 2024
ATTN:	407-210-3113@fax.pgworks.com
FROM:	"Santana, Tony"
SUBJECT:	021924 - 6025 Overbrook Ave.pdf

Note:

Philadelphia Gas Works



PGW Credit and Collections Department
 Phone: (215) 978-1053
 Fax: (215) 398-3352

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Title/Lawyer Agency File #: BS-X01567-5084941262 Date of Settlement: 2/21/2024
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 Telephone #: (302) 261-9069 Facsimile #: (407) 210-3113
 Property Information (Please provide account numbers) Email: _____
 Address: 6025 Overbrook Ave. PGW Account #(s): _____
 Owner(s): Jacquelyn Summerset

Please Check All Applicable Boxes:

Purpose: Sale Refinance Foreclosure
 Type: Commercial Rental Mixed Use Rental Residential Rental Owner Occupied Unknown

If Sheriff Sale, Defendant Name: _____ Book/Writ # _____

Judgment/Lien _____ Docket #: _____ File Date: _____
 Judgment/Lien _____ Docket #: _____ File Date: _____
 Judgment/Lien _____ Docket #: _____ File Date: _____

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Meter#: <u>2227578</u>	Meter Reading: <u>8014</u>	Date: <u>2/13/2024</u>	Actual/Estimate/Final	<u>Actual</u>
Meter#: _____	Meter Reading: _____	Date: _____	Actual/Estimate/Final	_____
Meter#: _____	Meter Reading: _____	Date: _____	Actual/Estimate/Final	_____

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List of All Debt

Account#:	Customer of Record:	Start Date:	End Date:	Amount:	Paid Through Date:	Amount Due:
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Judgment/Lien _____ Docket #: _____ File Date: _____
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 Attn: Liens & Judgments

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The "Paid Through Date" listed above may not include the final bill.
 If the owner is terminating service as of the settlement date,
 please provide the owner's mailing address for the final bill:

ADDRESS

PREPARED BY: T. Santana DATE: 2/19/2024 PAGE 1 OF 1



< Home

**6025 OVERBROOK
AVE**

Balance
\$0.00

PHILADELPHIA PA 19131-
1224

OPA :
Assessed value :
Owner :

[Summary](#) [More options...](#)

Accounts



Real Estate Tax

Balance

\$0.00

- > [View period balance](#)
- > [Apply for real estate assistance programs](#)
- > [View liens and debt](#)



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**6025 OVERBROOK
AVE**

Balance
\$0.00

PHILADELPHIA PA 19131-
1224

OPA :
Assessed value :
Owner :

[Summary](#) [More options...](#)

Accounts



Real Estate Tax

Balance

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Water Payoff Request Form

Use this form when requesting water payoff information.
Questions? Call (215) 686-6995 or 6987

Please follow these instructions:

1. Complete Page 1 by typing directly in the fields below. Fields marked with a star (*) are required. Leave Pages 2 and 3 blank. Don't complete this form by hand.
2. Go to **File** > then **Save As...**
3. Choose a Folder, such as your Desktop.
4. Give your PDF a unique File Name that includes the Property Address or File No. (Example: "123MainStreet").
5. Save
6. Submit your saved form by email to: wateramountdue@phila.gov

Settlement Agent Name*: Nick Thomas

Property Owner Name*: JACQUELYN SUMMERSET

Settlement Company: Stellar Innovations

Property Address*: 6025 Overbrook Ave

Settlement File No.: BS-X01567-5084941262

Property Account #: 0406200006025001

Phone: 302-261-9069

Water Code Enforcement #: _____

Fax: 407- 210-3113

#: _____

Email*: CLS@STELLARIPL.COM

#: _____

Date of Request*: 2/15/2024

Agency/Lien Repair #: _____

Date of Settlement*: _____

HELP Loan #: _____

Additional Comments: Let us know if there are any outstanding fees.
Provide payoff good through 02/23/2024.

* Required Field

***** This is a payoff request form. This does not serve as a lien search. Accordingly, title insurance companies should search (1) The Locality/In Rem Index and/or (2) the Philadelphia Courts Civil Dockets for existing liens.*****

If there are estimated meter readings for this account or the most recent readings on this account are estimated, the outstanding balance on this account may be higher than what is reflected here **and may result in charges being retroactively billed to this account.** The Meter Shop should be contacted immediately at (215) 685-3000 to have the meter serviced.



Water Payoff Request Form

Use this form when requesting water payoff information.

Questions? Call (215) 686-6995 or 6987

Property Address: <u>6025 Overbrook Ave</u> Account #: <u>0406200006025001</u> Last Meter Reading: <u>1024</u> Taken On: <u>1/23/24</u> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: <u>12/28/23</u> to <u>1/23/24</u> Water/Sewer Balance: <u>78.19</u> Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ <u>78.19</u>	Discontinued Account(s) <input checked="" type="checkbox"/> None if checked #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____
--	--

Agency/Lien Repair Bill Balance <input checked="" type="checkbox"/> None if checked	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
--	---	---

HELP Loan Bill Balance <input checked="" type="checkbox"/> None if checked	HELP Loan Acct #: _____ Date: _____ Total: \$ _____
---	---

Water Code Enforcement Judgment(s)	<input checked="" type="checkbox"/> None if checked
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ACCOUNT BALANCE DUE (inclusive of all amounts listed above): <u>78.19</u>
GOOD THROUGH: <u>2/29/24</u>
Additional Comments: _____ _____

Philadelphia Water Department Representative's Name: AMB Date: 2/20/24

Mail your completed form along with a certified check, settlement agent escrow check or money order payable to "City Of Philadelphia" to: Water Revenue Bureau, PO BOX 41496, Philadelphia, PA 19101

Should you need an updated payoff figure, please send this completed form back with your request.

For Water Department Use Only



Water Payoff Request Form

Use this form when requesting water payoff information.
Questions? Call (215) 686-6995 or 6987

Property Address: <u>6025 Overbrook Ave</u> Account #: _____ Last Meter Reading: _____ Taken On: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: _____ to _____ Water/Sewer Balance: _____ Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ _____	Discontinued Account(s) <input type="checkbox"/> None if checked #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____	
Water Code Enforcement Judgment(s) (inclusive of costs, fines, & fees) <input type="checkbox"/> None if checked	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____
	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____
Agency/Lien Repair Bill Balance <input type="checkbox"/> None if checked	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
HELP Loan Bill Balance <input type="checkbox"/> None if checked	HELP Loan Acct #: _____ Date: _____ Total: \$ _____	
ACCOUNT BALANCE DUE (inclusive of all amounts listed above): _____ GOOD THROUGH: _____ Additional Comments: _____ _____		

Law Department Representative's Name: _____ Date: _____

Mail your completed form along with a certified check, settlement agent escrow check or money order payable to "City Of Philadelphia" to: Philadelphia Law Department, 1401 John F. Kennedy Blvd, Room 580, Philadelphia, PA, 19102.

Should you need an updated payoff figure, please send this completed form back with your request.

For Law Department Use Only