



ESTABLISHED 1924
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TITLE INSURANCE ORDER &
CLOSING INSTRUCTIONS
ORDER INFORMATION

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ATTORNEY: _____

DATE: _____

SELLERS

NAMES: _____

ADDRESS: _____

Phone: (h) _____ (c) _____ (w) _____ E-Mail: _____

Marital Status: _____ Social Security #'s: _____, _____

BUYERS

NAMES: _____

ADDRESS: _____

Phone: (h) _____ (c) _____ (w) _____ E-Mail: _____

Marital Status: _____ Social Security #'s: _____, _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____ COUNTY: _____

LEGAL DESCRIPTION: _____

PURCHASE PRICE: \$ _____ CLOSING DATE: _____ MAIL AWAY TO: Buyer / Seller

MORTGAGE: SELLERS (current) Name of Lender: _____ Loan No.: _____

MORTGAGE: BUYERS (new) Name of Lender: _____ Loan No.: _____
Contact: _____ Phone: _____ Fax: _____ E-Mail: _____

SURVEY: Ordered from: _____ For: \$ _____

WELL/SEPTIC INSPECTION: Ordered from: _____ For: \$ _____

TERMITE INSPECTION: Ordered from: _____ For: \$ _____

HOME INSPECTION: Ordered from: _____ For: \$ _____

HOME PROTECTION PLAN should be charged to Buyer / Seller at \$ _____ Payable to: _____

CONDO/HOMEOWNERS INFORMATION: Amount \$ _____ Paid Thru: ____/____/____
Contact: _____ Phone: _____

CONFIRMATION OF DEPOSIT RECEIVED: \$ _____ COMMISSION: _____ SPLIT: ____/____

LISTING OFFICE: _____ PHONE: _____ FAX: _____

LISTING ASSOCIATE: _____ PHONE: _____ CELL: _____
E-Mail: _____

SELLING OFFICE: _____ PHONE: _____ FAX: _____

SELLING ASSOCIATE: _____ PHONE: _____ CELL: _____
E-Mail: _____

ADDITIONAL COMMENTS:

