

APPLICATION FOR
TITLE INSURANCE

DATE: _____ DATE NEEDED: _____ ORDER NO. _____

The Undersigned hereby applies for the following (On a Sales Price of \$ _____)

- 1. MORTGAGEES POLICY \$ _____ FHA _____ VA _____ CONVENTIONAL _____
- 2. OWNERS POLICY \$ _____ REFINANCE _____ CONSTRUCTION _____
- 3. SPECIAL ASSESSMENT SEARCH YES _____ NO _____ CASH _____
- 4. PLAT DRAWING YES _____ NO _____ ASSUMPTION _____
- 5. WARRANTY DEED YES _____ NO _____
- 6. CONSTRUCTION DISBURSEMENT YES _____ NO _____
- 7. CLOSING YES _____ NO _____

PROPOSED INSURED:

MORTGAGE POLICY: _____ and / or assigns

OWNERS POLICY: _____

CONTRACT FOR DEED POLICY: YES _____ NO _____ (VENDOR'S) _____ (VENDEE'S) _____

***** PROPERTY INFORMATION *****

PROPERTY ADDRESS: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

LEGAL DESCRIPTION (Attach copy if necessary)

PROPERTY IS: ABSTRACT _____ TORRENS _____ CERTIFICATE NO. _____

LOCATION OF ABSTRACT: _____ FILE NO. _____

PRIOR TITLE EVIDENCE: _____ FILE NO. _____

PROPERTY IS: VACANT LAND _____ EXISTING BLDGS _____ COMMERCIAL _____ RESIDENTIAL _____
PROPOSED CONSTRUCTION _____ RECENT IMPROVEMENTS/REPAIRS _____

PRESENT OWNER(S) _____

PRESENT OWNER(S) MARITAL STATUS: _____ HOME PHONE _____

WORK PHONE: _____ OCCUPANT (IF NOT OWNER): _____

BUYERS NAME(S): _____

BUYERS MARITAL STATUS: _____ BUYERS PRESENT ADDRESS: _____

ANY CLAIMS OR TITLE DIFFICULTIES KNOWN TO OR REPORTED TO APPLICATION AND/OR SPECIAL INSTRUCTIONS _____

ORDERED BY/SEND TO: _____

ADDRESS: _____

PHONE _____ FAX NO. _____

LISTING AGENT: _____ SELLING AGENT: _____

ADDRESS: _____ ADDRESS: _____

COPIES TO: _____

THANK YOU FOR YOUR ORDER