



TITLE EXAMINATION AND CLOSING REQUEST

From: _____

DATE OF REQUEST: _____ (PROJECTED) CLOSING DATE: _____

PROPERTY ADDRESS: _____

Buyers/Borrowers: _____

Current Address: _____

Home: _____ Work: _____ Cell: _____

Sellers: _____

Address: _____

Home: _____ Work: _____ Cell: _____

Listing Broker: _____ Contact Info: _____

Selling Broker: _____ Contact Info: _____

Transaction Type:

- | | | |
|---|---|--|
| <input type="checkbox"/> PURCHASE | <input type="checkbox"/> REFINANCE | <input type="checkbox"/> CONDO |
| <input type="checkbox"/> LAND | <input type="checkbox"/> NEW HOUSE | <input type="checkbox"/> 1X CONSTRUCTION |
| <input type="checkbox"/> 1 ST Mortgage | <input type="checkbox"/> 2 nd Mortgage | <input type="checkbox"/> Home Equity |
| <input type="checkbox"/> VA | <input type="checkbox"/> FHA | <input type="checkbox"/> MSHA |
| <input type="checkbox"/> PRIMARY | <input type="checkbox"/> 2nd HOME | <input type="checkbox"/> MULTI UNIT |

Lender (if any): _____ Contact Person: _____

Phone: _____ Fax: _____

Other:

- Title Insurance is required
- Please order Mortgage Loan Inspection.
- Purchase & Sale Agreement is attached.
- Copy of most recent deed is attached.
- Copy of most recent deed is not available. Current owners purchased property approximately _____

