



Landmark Title of Racine

Ph: 262-632-6262 Fax: 262-632-6243 E-mail: epeterson@lmt123.com

Sale of Real Estate

(Title Insurance and Closing Statements)

Order Form

Ordered by: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Date ordered: _____ Sales price _____

Owners (Seller) Names: _____

Property Address: _____ Does the property have city water ___ or well ___

Buyers Names: _____

Buyers Lender: _____ Contact Person: _____

Address of lender: _____ Phone: _____

_____ Fax: _____

_____ E-mail: _____

Do you have a prior title? ___no___ yes___ if yes fax to 262-632-6243

GAP Endorsement? no___ yes___

Need by Date: _____ (when would you like title commitment by?)

Copies to: (ex. selling agent, or atty, etc.) *(You and the lender will automatically get a copy)*

Do you want Landmark Title to provide Closing Statements, Deed, and Transfer Return? ___no (we should have everything we need)

___ yes (continue to page 2 we will need additional information!)

Additional information or requests:

***Additional Information Needed For Landmark Title to prepare documents**
(Closing Statements, Deed, Transfer Return)

*** Please fax the following to: 262-632-6243

1. COMPLETE copy of your OFFER TO PURCHASE 2. Seller's authorization to release mortgage loan information

Please complete the following information if it is not already included in the information you will be faxing:

Type of Transfer: ___Sale ___Exchange ___Gift ___Deed in Satisfaction of Land Contract

Property Information:

Type of Heat: If not natural gas what source? _____ Type of Water: ___Municipal ___Well

Type of Sanitation: ___Municipal ___Private Septic

Property: ___Single Family ___*Multifamily (#of units ___) ___Commercial ** ___condominium ___vacant land

* If multi-family, please complete the following:

UPPER:

Vacant: ___yes ___no ___Owner occupied ___Tenant occupied

Lease terms? _____ (month to month? Year? Etc.)

Rent due date: _____ Rent amount: _____

Security deposit ___Yes Amount \$ _____ ___No

Tenants Name(s) _____

LOWER:

vacant: ___yes ___no ___owner occupied ___tenant occupied

Lease terms? _____ (month to month? Year? Etc.)

Rent due date: _____ Rent Amount: _____

Security deposit ___yes Amount \$ _____ ___No

Tenant's Name (s) _____

** If condominium or homeowner's association, please complete the following:

Association Name: _____

Contact Person: _____ Phone # _____

Address: _____

Sellers Information:

Social Security number(s) or FEIN(s) _____

Marital Status: ___married ___unmarried Is seller related to the buyer? _____

Is this seller's primary residence? ___yes ___no Seller's phone #: _____

Seller's new address: _____

Seller's current loan information

Lender Name	Lender's Phone	Loan Number
*1. _____	_____	_____
*2. _____	_____	_____
*3. _____	_____	_____

* Please have seller sign authorization to release mortgage information for each loan listed

Buyers Information:

Social Security number(s) or FEIN(s) _____

Marital Status: ___married ___unmarried Buyers phone #: _____

Will this be buyer's primary residence? ___yes ___no

Earnest Money & Commissions

_____ % total commission _____ % Listing Broker _____ % Selling Broker

\$ _____ Earnest Money Who has earnest money? _____

Is the earnest money deducted from the commission? ___yes ___no

Closing Information:

Tentative Closing Date: _____

THANK YOU FOR YOUR ORDER!