



Landmark Title of Racine

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

Sale of Real Estate Order Form

Ordered by: _____ Company: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Date Ordered: _____ Sales Price _____

Owners Names: _____

Property Address: _____

Buyers Names: _____

Buyers Lender: _____ Contact: _____

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: _____

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

Do you want Landmark Title to provide Closing Statements, Deed, and Transfer Return? ___no yes___* (if yes, please print and complete the second page of the Sale of Real Estate PLUS Closing Statements Form)

Additional information or requests: