



# 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

Realtor Admin Fee \$ \_\_\_\_\_

\$ \_\_\_\_\_ 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!