



Order For Title Insurance & Escrow Services

Clinton County Title Company
472 South Plum St., P.O. Box 156, Breese, IL 62230
Phone 526-2878 Fax 526-2884
Email: info@clintoncountytile.com

Service Requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Title Insurance | <input type="checkbox"/> Escrow Closing | <input type="checkbox"/> Refinance |
| <input type="checkbox"/> Letter Search | <input type="checkbox"/> Buy/Sell | <input type="checkbox"/> Document Preparation |

Order Placed By:

Name:
Address:
City: State: Zip:
Attention:
Phone: Ext: Fax: E-Mail:
Request Date: Date Needed: Closing Date (if known):

Property Information:

Legal Description:
Permanent Index No.:
Property Address:
City: State: Zip:
Sale Price: Owners Policy: Mortgage Policy:
Personal Property?: (specify)

- New Construction (less than 6 mos)? Yes No
- | | | |
|---|---|---|
| <input type="checkbox"/> Land/lot only | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Residence (single family, condominium, townhome or duplex) | | |
| <input type="checkbox"/> Apartment Bldg.(6 units or less) No of units: | | |
| <input type="checkbox"/> Apartment building (over 6 limits) No. of units: | | |
| <input type="checkbox"/> Office | <input type="checkbox"/> Retail Establishment | <input type="checkbox"/> Commercial building (specify): |
| <input type="checkbox"/> Industrial building Farm | <input type="checkbox"/> Other (Specify) <input type="text"/> | |

Occupancy:

- | | | |
|--------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | <input type="checkbox"/> Vacant |
|--------------------------------|---------------------------------|---------------------------------|
- Note: If tenant occupied, please list tenant information. (Names, phone numbers, unit numbers, monthly rent, deposits, lease terms, etc.)

Will the property be the buyer's principal residence? Yes No

Was the property advertised for sale? Yes No

Identify any significant physical changes in the property since January 1 of the previous year and write the date of the change:

Date of significant change:

<input type="checkbox"/> Demolition/damage	<input type="checkbox"/> Additions	<input type="checkbox"/> Major remodeling
<input type="checkbox"/> New Construction	<input type="checkbox"/> Other (specify) <input type="text"/>	

Seller Information:

Seller Name(s):
Address:
City: State: Zip:
Social Security Number(SSN)
or Federal Employer Identification Number (FEIN) (for the 1099-S)
Does Seller live in property being sold? Yes No
If Yes, Forwarding Address:
City: State: Zip:
Phone: Home: Bus. Ext. Cell: Fax:
Daytime Phone No. After Sale:
Marital Status: Married Single
Earnest Money Deposit: Earnest Money held by:
Seller(s) Attorney:

Buyer Information:

Buyer Name(s):
Address:
City: State: Zip:
Phone: Home: Bus: Ext: Cell: Fax:
Daytime Phone No. After Sale:
Marital Status: Married Single
How title is to be vested:
Buyer(s) Attorney:
Mail subsequent tax bills to:
Address:
City: State: Zip:
Proposed Lender:
Lender Address:
City: State: Zip:
Lender Contact Person:
Lender Phone: Ext. Lender Fax:

General Information:

Note: *Prior title policy or abstract will help expedite this order.*

Please find the following in reference to this application:

- | | |
|--|--|
| <input type="checkbox"/> Signed Sales Contract (copy) | <input type="checkbox"/> Divorce Decree (copy) |
| <input type="checkbox"/> Abstract (<i>MUST forward original</i>) | <input type="checkbox"/> Death, Probate |
| <input type="checkbox"/> Prior Title Insurance Policy (<i>MUST forward copy</i>) | <input type="checkbox"/> Other |

Refinanced in the amount of: Lender:

Note: *Please include a list of any special requirements:*

Brokerage Information

Selling Agency:
Phone: Ext: Fax:
Listing Agency:
Phone: Ext: Fax:
Commission of: (% of sale price) to be paid by:
Termite Inspection, Ordered from: To be paid by: Seller Buyer