

ORDER FOR TITLE INSURANCE AND ESCROW SERVICES

CLINTON COUNTY TITLE COMPANY

472 Plum St., P.O. Box 156, Breese, IL 62230

Phone 526-2878 Fax 526-2884 Email: cctc@clintoncountytile.com

Services Requested:

Title Insurance
 Refinance
 Buy/Sell

Escrow Closing
 Letter Search
 Document Preparation

Order Placed By:

Name:

Address:

City:

State:

Zip:

Attention:

Phone:

Fax:

E-Mail:

Request Date:

Date Needed:

Closing Date (if known):

PROPERTY INFORMATION

Legal Description:

Permanent Index No.

Property Address:

City:

Sale Price:\$ _____ Owners Policy:\$ _____ Mortgage Policy:\$ _____

Personal Property?\$ _____ (specify) _____

New Construction (less than 6 mos)? Yes No

Land/lot only

Mobile Home Residence

Residence (single family, condominium, townhome or duplex)

Apartment Bldg.(6 units or less) No of units: _____

Apartment building (over 6 limits) No. of units: _____

Office

Retail Establishment

Commercial building (specify): _____

Industrial building

Farm

Other (Specify) _____

Occupancy: Owner Tenant Vacant Note: If tenant occupied, please list tenant information. (Names, phone numbers, unit numbers, monthly rent, deposits, lease terms, etc.)

continued over.