

## ORDER FOR TICOR TITLE INSURANCE

<b>CROWN POINT</b> Tel. (219) 663-5160 Fax (219) 662-1511	<b>HIGHLAND</b> Tel. (219) 924-7587 Fax (219) 934-3015	<b>HOBART</b> Tel. (219) 942-4959 Fax (219) 942-3032	<b>MERRILLVILLE</b> Tel. (219) 736-7385 Fax (219) 736-6932	<b>SCHERERVILLE</b> Tel. (219) 322-4510 Fax (219) 322-4695
<b>VALPARAISO</b> Tel. (219) 462-4188 - (800) 964-0214 Fax (219) 477-4265		<b>CHESTERTON</b> Tel. (219) 929-1011 Fax (219) 929-5888	<b>PORTAGE</b> Tel. (219) 762-7705 Fax (219) 762-0363	<b>MICHIGAN CITY</b> Tel. (219) 872-9103 Fax (219) 874-2743

**\*CUSTOMER NEEDS ORDER BY:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (please complete)

Date: \_\_\_\_\_

**\*CHARGE TO:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attn: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Loan/Customer No. \_\_\_\_\_

**\*LISTING AGENT:** (full name) \_\_\_\_\_

Listing Office: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

**\*SELLING AGENT:** (full name) \_\_\_\_\_

Selling Office: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

**Special Information Report** (Title/Lien Report)

**Owner's Policy** \$ \_\_\_\_\_ (Purchase Price)

Cash Sale  Contract Sale  Assumption  Foreclosure Purposes

**Lender's Policy** \$ \_\_\_\_\_ (Mortgage Amt)

First Mortgage  Second Mortgage  Refinance

**Copies To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will Order Close at TICOR Title?  Yes  No

Closing Office Location: \_\_\_\_\_

**Prior Title Evidence:** \_\_\_\_\_

Verified Legal Required:  Yes  No

Flood Certification \_\_\_\_\_

Life of loan certification  Standard Certification

### PROPOSED INSURED(S)

**\*OWNER'S POLICY** (Proposed Buyer(s)): \_\_\_\_\_

Husband and Wife  Tenants in Common  Joint Tenants  Corporation  Partnership  Other: \_\_\_\_\_

Buyer's Current Address: \_\_\_\_\_

Buyer Soc. Sec. No.(s): \_\_\_\_\_ Buyer Soc. Sec. No.(s): \_\_\_\_\_

**\*LENDER'S POLICY** (Proposed Lender): \_\_\_\_\_

Lender's Address: \_\_\_\_\_

### PRESENT OWNER(S) / LEGAL DESCRIPTION

*(please complete as fully as possible)*

**\*PRESENT OWNER(S):** \_\_\_\_\_

**\*PROPERTY ADDRESS:** \_\_\_\_\_

**\*Key No./Tax ID No./Dup No.:** \_\_\_\_\_

Residential  Commercial  New Construction (Builder) \_\_\_\_\_  Vacant  Other: \_\_\_\_\_

**Subdivision Information** Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat File \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

Subdivision: \_\_\_\_\_

**Acres Information** Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Additional Description (attach another page if necessary)

\_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

Estimate:  Yes  No Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Instruments to Record: \_\_\_\_\_

Order Called in by: \_\_\_\_\_ Order Taken By: \_\_\_\_\_ Time: \_\_\_\_\_

***Thank you for specifying TICOR!***