

Crystal Clear Title & Escrow
P.O. Box 169
Beulah, Michigan 49617
Phone: (231) 882-8911 Fax: (231) 882-8944

Please Include: 1.) Listing Agreement
2.) Buy /Sell Agreement
3.) Any Addendums

Expected Closing Date: _____

Mobile / Modular Y _____ N _____

FOR TITLE CO. USE:

Date: _____

Order No.: _____

Township: _____

Eff. Date: _____

Search Date: _____

TITLE INSURANCE ORDER FORM

1. Who should be billed: (Company, Address, to whose attn., phone & fax nos.)

2. Seller(s) **FULL LEGAL** name(s), address, phone numbers, **Marital Status:**

3. Buyer(s) **FULL LEGAL** name(s), address, phone numbers, **Marital Status,** how they wish to hold title:

4. Mortgage / Refinance Search:

5. Title Search Only – Name of current owners:

6. **COMPLETE** Legal description (including tax id#): _____

7. Prior Policy or Abstract: YES _____ NO _____ Date of Prior _____

8. Survey: YES _____ NO _____ Survey Ordered: YES _____ NO _____

9. Amount of sale: \$ _____ Owner's Premium Amount \$ _____

10. Mortgage Amount: \$ _____ W or W/O exceptions. Premium Amount \$ _____

11. Is this a simultaneous issue: YES _____ NO _____ if yes please fill in number 12.

12. **COMPLETE INSURED LENDER NAME AND INFORMATION:**

13. Who should receive Commitment / Policy or any copies thereof:
(Please provide Fax # / Address when applicable)
 - a.) See #1
 - b.)