

CARNANCO LAND TRANSFER TITLE INSURANCE REQUEST FORM

File No. _____

Application Date: _____

Settlement Date: _____

Property: _____ City: _____ Zip: _____
Township: _____ County: _____ Parcel: _____

Seller's Information:

Name: _____ SSN _____ Phone: _____

Name: _____ SSN: _____ Phone: _____

Mailing Address: _____

Current Payoff Information:

Mortgage Co Name: _____ P# _____ Loan# _____

Mortgage Co Name: _____ P# _____ Loan# _____

Buyer/Refinancer's Information:

Name: _____ SSN: _____ Phone: _____

Name: _____ SSN: _____ Phone: _____

Mailing Address: _____

Lender: _____ Sales Price: \$ _____ Loan Amount: \$ _____

Contact Person _____ Phone: _____ Fax: _____

CPL Address: _____

Agents/Attorneys/Brokers for Seller:

Name, Address, Phone, Fax

Agents/Attorneys/Brokers for Buyer/Borrower:

Name, Address, Phone, Fax

Please Check Appropriate: Well _____ Septic _____ Municipal Water _____ Municipal Sewer _____

Homeowners Association Name: _____ Phone: _____

Will an Agent be doing conveyancing: Yes/No Contact Info if different: _____

Please Attach/Forward A Copy Of The Fully Signed Agreement Of Sale

FAX ORDER TO PA-215-855-6578 or FL-407-628-4259 or order online at www.carnancolandtransfer.com

Ordered By: _____ Phone: _____ Fax: _____