

APPLICATION FOR TITLE INSURANCE

This form should be faxed to McGrath Law Office, P.C. for the fastest service.

Prior title policies and other enclosures should be faxed together with the title application.

To: McGrath Law Office, P.C.
113 S. Main St., P.O. Box 139
Mackinaw, IL 61755
Ph: (309) 359-3461 Fax: (309) 359-8918
From: _____
Address: _____
Phone: _____ **Fax:** _____

Date Commitment Needed By: _____ **REFI:** _____ **BUY/SELL** _____

SELLER INFORMATION:

Full Legal Name(s) _____
Present Address: _____
Address after sale: _____
Phone #'s: _____
Name of existing mortgage company: _____
Loan #: _____ Phone: _____ Fax #: _____
Hold title (i.e. joint, married, single, divorced): _____
Seller's Real Estate Agent/Company/Phone/Fax: _____

BUYER INFORMATION:

Full Legal Name(s) _____
Present Address: _____
Address after sale: _____
Phone #'s: _____
Taking Title as: Joint Tenants Tenants by Entirety Tenants in Common Individual married person
Buyer's Real Estate Agent/Company/Phone/Fax: _____

Type of Property: _____ vacant _____ residential _____ new construction _____ commercial
Address of Property: _____
Description of property (i.e. ranch with 2 car attached garage): _____
Legal description: _____
P.I.N. _____ Date Built: _____

NEW MORTGAGE INFORMATION FOR BUYER:

Name of Lender on commitment: _____
Address _____
Phone: _____ Fax: _____ Contact Person: _____

WHAT SERVICES WILL BE PROVIDED BY MCGRATH LAW OFFICE, P.C.?

Full representation Yes/No _____ Conduct closing? Yes /No _____ Prepare deed and green sheet? Yes/ No _____
Order payoff statement? Yes*/ No _____ *If yes, we need a payoff authorization
Is this the seller's principal residence? Yes / No (Circle One)

Purchase Price/
Mortgage Policy Amount \$ _____ Owner Policy Amount: \$ _____
Attached: _____ PRIOR TITLE POLICY * _____ SURVEY _____ DEED _____ CONTRACT _____ OTHER

Thank you for your assistance, McGrath Law Office, P.C.

***Prior Title may allow for discount and will speed up processing.**