

APPLICATION FOR TITLE INSURANCE
ALL AMERICAN TITLE CO.
Phone (763)780-6389 Fax (763)780-6397

Date _____ Date Needed _____ Closing Date _____

Sale Price \$ _____ Owners \$ _____ Mortgagees \$ _____

FHA _____ VA _____ CONV. _____

Property Address: _____ City _____

County _____ State _____ Zip Code _____

Legal Description:

PID #: _____

Abstract located at: _____ Torrens Certificate No. _____

Prior Title Company _____ Policy No. _____

Present **Owner/Seller(s)** _____
(Last Name) (First Name) (Spouse)

Phone Number(s) _____
(home) (work)

Present Mortgage/Loan at _____ Loan No. _____

Phone No. _____

Present Mortgage/Loan at _____ Loan No. _____

Phone No. _____

1st sellers - S.S.# _____ - _____ - _____

Purchaser / Borrower(s) _____
(Last Name) (First Name) (Spouse)

Phone Number(s) _____
(home) (work)

Present Address: _____
(Street) (City) (State) (Zip)

Mortgage Co. _____

Loan Officer _____ Loan Processor _____

Phone: _____ Fax: _____

NEW CONSTRUCTION INFORMATION

Construction Financing Permanent End Loan

Builder _____ Phone No (s) _____

Address _____
(Street) (City) (State) (Zip)

REALTOR INFORMATION

Listing (sellers) Company _____ Agent _____

Address _____ Phone _____

Selling (buyers) Company _____ Agent _____

Address _____ Phone _____

PLEASE ATTACH A COPY OF THE PURCHASE AGREEMENT (ON A SALE) * THANKS

Agent of CHICAGO TITLE INSURANCE COMPANY

PLEASE RETURN APPLICATION TO TERI MCKENZIE, PRODUCTION MANAGER @ 763-780-6397