TITLE ORDER FORM

WISCONSIN-ILLINOIS TITLE, LLC
Return via Fax: 866-877-3130 or email: colleen@keatinglawllc.com

Order Date:	
Date Needed:	□Email:
	□Mail
Closing Date:	1
Purchase Price:	□Fax -
Ordered By:	Company:
Phone No.:	Email:
Fax No.:	_
<u>Transaction Type:</u>	
□Purchase (with mortgage)	Property Type:
□Cash Deal	☐Single Family
□Refi	□Condo
□Other:	☐ Townhome/Coach house
Order Type:	□ Commercial
□Owner Policy & Closing Services	☐Mixed Use
☐ Simultaneous Policies & Closing Services	□Vacant Land
☐ Lender Policy & Closing Services	□Other:
□Other:	
Buyer/Borrower(s)	Buyer's Attorney
Name:	Name:
Name:	Fax No.:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Email:	Email:
Seller(s)	Seller's Attorney
Name:	Name:
Name:	Fax No.:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Email:	Email:
Property Information	Real Estate Agent
Address:	Name:
PIN·	Company:
PIN:	Telephone:
y ·	Email:
	Cooperating Real Estate Agent
	Name:
	Company:
	Telephone:

Lender	Endorsements Requested:
Name:	□ARM □Location
Contact Name:	
Telephone:	□ Other:
Address:	
Loan Amount:	
Proposed Insured:	
Additional Information	
Additional information	
Fully Executed Contract?	□Yes, attached
Ž	□No, will be provided on
Prior Policy	\square Yes, attached (Both Schedules A & B)
	□No
Are any titleholders deceased?	□Yes - Name(s):
	□No
Will this property be Owner-Occupied?	□Yes
	□No
How will Buyer(s) take title?	□Unmarried individual
	☐ Husband and wife, with rights of survivorship
	☐ Tenants in Common
	□ Joint Tenants
	□Other:
Realtor Commission =% or \$	
Commission Split — Listing Agent	
Buyer's Agent	
Additional Instructions for Title Com	
Additional first decions for Title Com	рапу

Wisconsin-Illinois Title, LLC
Agent of Attorneys' Title Guaranty Fund, Inc.
262-877-2600
colleen@keatinglawllc.com