



# Landmark Title of Racine, Inc. Order Form (Title Insurance & Closing Statements)

Ph:(262)632-6262 Fax (262)632-6243 Email: [search@landmarktitleracine.com](mailto:search@landmarktitleracine.com) www.landmarktitleracine.com

## ORDERED BY:

Company: \_\_\_\_\_ Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Quote Given: \$ \_\_\_\_\_

## TRANSFER INFORMATION:

Sales Price \$ \_\_\_\_\_ Type of Transfer:  Sale  Exchange  Gift  Deed in Satisfaction of Land Contract  Other \_\_\_\_\_

## PROPERTY INFORMATION:

Address: \_\_\_\_\_

Type of Heat:  Natural Gas  Oil (Current Value \$ \_\_\_\_\_)

Type of Water:  Municipal  Well  None  Well and Septic Bills

Type of Sanitation:  Municipal  Private Septic  None

Repair/Inspection Fees:  Yes  No

DILHR Weatherization:  Stipulation  Compliance  None

Type of Property:  Single family  Multi family (# of units \_\_\_\_\_)  Commercial  Condominium  Vacant land

***If multi-family, please complete the following:***

Upper:

VACANT?  Yes  No

Owner occupied *or*  Tenant occupied

Lease terms? \_\_\_\_\_ Rent due date? \_\_\_\_\_ Rent \$ \_\_\_\_\_

Security Deposit  Yes Amount \$ \_\_\_\_\_  No

Lower:

VACANT?  Yes  No

Owner occupied *or*  Tenant occupied

Lease terms? \_\_\_\_\_ Rent due date: \_\_\_\_\_ Rent \$ \_\_\_\_\_

Security Deposit  Yes Amount \$ \_\_\_\_\_  No

***If condominium, or has a homeowner's association please complete the following:***

Association Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## SELLER INFORMATION:

Is seller related to the buyer? \_\_\_\_\_

Name(s): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security Number(s) or FEIN(s): \_\_\_\_\_

New Address (if currently homestead): \_\_\_\_\_

Is this seller's primary residence?  Yes  No Phone No. \_\_\_\_\_

### Seller's current loan information:

Lender Name	Lender's Phone	Loan Number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

## BUYER INFORMATION:

Name(s): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security Number(s) or FEIN(s): \_\_\_\_\_

Will this be buyer's primary residence?  Yes  No Phone No. \_\_\_\_\_

### Buyer's Financing

Conventional  Government  Seller provided  Assumed Existing  Other 3<sup>rd</sup> Party  No Financing

Lender: \_\_\_\_\_ Loan Officer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## COMMISSION AGREEMENT

\_\_\_\_\_ % Total Commission \_\_\_\_\_ % Listing Broker \_\_\_\_\_ % Selling Broker Earnest \$ \_\_\_\_\_

Who has earnest \$? \_\_\_\_\_ Is the earnest money deducted from the commission?  Yes  No

## CLOSING INFORMATION

Tentative Closing Date: \_\_\_\_\_

Closing Location: \_\_\_\_\_

## COPIES (Additional copies to Selling Agent?, Atty) & NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please fax the following: **OFFER TO PURCHASE - SELLERS AUTHORIZATION- ANY PRIOR TITLE!! (262)632-6243**