



GIBRALTAR TITLE SERVICES

TITLE SERVICES REQUEST

Date: _____

From: _____ Office: _____

Phone #s: Cell #: _____ Office #: _____ Fax #: _____

Email: _____

- Documents Attached:
- Sales Contract
 - Warranty Deed
 - Estate Docs
 - Other: _____
 - Survey
 - Power of Attorney Docs
 - Trust Docs
 - Owner's Title Policy

Property and Closing:

Property Address: _____

Legal Description: _____

RE #: _____ County: _____

Anticipated Closing Date: _____ Time: _____ Location: _____

Will any of the parties require a mail-away for signing? Buyer Seller

Will any of the parties require pre-signing? Buyer Seller

Agent(s):

Listing Agent/Office: _____

Phone/Email: _____ Brokerage Fee: \$ _____

Selling Agent/Office: _____

Phone/Email: _____ Brokerage Fee: \$ _____

Total Commissions: _____ %

Selling Broker: _____ % Listing Broker: _____ %

Buyer(s):

Buyer #1

Name: _____

Contact #s: Home #: _____ Work #: _____ Cell #: _____

Social Security #: _____ Marital Status: _____

Buyer #2

Name: _____

Contact #s: Home #: _____ Work #: _____ Cell #: _____

Social Security #: _____ Marital Status: _____

For what purpose will the property be used?

Primary Residence: _____

Vacation Home: _____

Other: _____

If not to be used as a primary residence, please enter a forwarding address for the buyer(s) below:

Seller(s):

Seller #1

Name: _____

Contact #s: Home #: _____ Work #: _____ Cell #: _____

Social Security #: _____ Marital Status: _____

Seller #2

Name: _____

Contact #s: Home #: _____ Work #: _____ Cell #: _____

Social Security #: _____ Marital Status: _____

New Mortgage(s):

1st Mortgage

Lender: _____
Loan Amount: _____ Loan #: _____ Loan Type: _____
Contact: _____ Phone #: _____ Fax #: _____

2nd Mortgage

Lender: _____
Loan Amount: _____ Loan #: _____ Loan Type: _____
Contact: _____ Phone #: _____ Fax #: _____

Existing Mortgage(s):

Existing 1st Mortgage

Lender: _____
Loan #: _____ Payoff Contact: _____
Phone #: _____ Fax #: _____

Existing 2nd Mortgage

Lender: _____
Loan #: _____ Payoff Contact: _____
Phone #: _____ Fax #: _____

Condominium/Homeowners Association(s):

Contact: _____ Phone #: _____ Fax #: _____

Home Warranty:

Company: _____ Cost: \$ _____

Do you want Gibraltar to order for you? Yes No

Survey:

Prior survey available? Yes No Company: _____

OK to order new survey? Yes No

Homeowner's Insurance:

Company: _____ Policy #: _____

Contact Name: _____ Phone #: _____

Fax #: _____

WDO:

Company: _____ Date Completed: _____

Please explain any additional contract requirements below:
