

Order, Qualia & Abstract #

## REQUEST FOR TITLE COMMITMENT

Date:

PART 1 - REQUEST		LENDER INFORMATION	
From (Name and Address)		Lender/Bank's Name : _____	
		Loan Officer's Name : _____	
		Address : _____	
		Phone : _____ Fax: _____	
		Email Address : _____	
BUYER 1 INFORMATION		BUYER 2 INFORMATION	
Name		Name	
Married <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA SSN# / FEIN#		Married <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA SSN# / FEIN#	
Address		Address	
Phone Email Address		Phone Email Address	
PART 2 - PROPERTY AND MORTGAGE INFORMATION			
Occupancy Status <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment Property		Loan Purpose <input type="checkbox"/> Purchase <input type="checkbox"/> Construction Loan <input type="checkbox"/> Refinance Cash-Out <input type="checkbox"/> Refinance No Cash-Out	
Sales Price	Loan Amount	Escrow Amount	
\$	\$	\$	
Property Address			
Legal Description			
Home Owner's Name			
Property Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multifamily <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Commercial		Mortgage	Loan Number
PART 3 - REQUEST FOR TITLE COMMITMENT			
Attachment(s) <input type="checkbox"/> Prior Owner's Title Policy <input type="checkbox"/> Prior Base Abstract <input type="checkbox"/> Sales Contract <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Survey			
Type of Policy <input type="checkbox"/> Loan <input type="checkbox"/> Owner's <input type="checkbox"/> Abstract Only		Abstract Type <input type="checkbox"/> Paper <input type="checkbox"/> Digital	
Estimated Closing Date		<input type="checkbox"/> Complete <input type="checkbox"/> Update <input type="checkbox"/> Supplemental	
Survey Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		Closing Location <input type="checkbox"/> Genesis Abstract & Title <input type="checkbox"/> Other	
Additional Endorsement Requirements			
SPECIAL INSTRUCTIONS OR COMMENTS			

Date:

SELLER 1 INFORMATION		SELLER 2 INFORMATION	
Name		Name	
Married <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA SSN# / FEIN#		Married <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA SSN# / FEIN#	
Address		Address	
Phone Email Address		Phone Email Address	
PART 4 - SELLING AGENCY		PART 5 - LISTING AGENCY	
Name		Name	
Address		Address	
Phone Fax		Phone Fax	
Email Address		Email Address	
SURVEY FIRM INFORMATION		MORTGAGE BROKER INFORMATION	
Survey Firm		Firm	
Name		Broker Name	
Address		Address	
Phone Email Address		Phone Email Address	



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