

SELECT ONE

Title Insurance: _____
Title Report: _____
Abstract: _____
Other: _____

WEBER ABSTRACT COMPANY
PO BOX 263
MADISON, SOUTH DAKOTA 57042

Phone: (605) 256-4640
Fax: (605) 256-3835

OFFICE USE ONLY

Received: _____
Abstracter: _____
Commitment Date: _____
Approx. Closing: _____
Construction Loan
Perm. Closing Date: _____

APPLICATION FOR TITLE INSURANCE

NAME OF COMPANY/PERSON ORDERING POLICY:

COMPANY: _____ ATTN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Telephone #: _____ Fax #: _____

Copy

To: _____

(Provide fax # or address)

Do you want commitment: (circle one)

FAXED MAILED EMAILED (Provide Address): _____

SELLER/OWNER: _____

BUYER: _____

(Circle One) PURCHASE REFINANCE CONSTRUCTION LOAN UPDATE

LEGAL DESCRIPTION: _____

PROPERTY ADDRESS: _____

OWNER AMT: _____

MORTGAGE AMT: _____

MORTGAGEE: _____

NOTE: CALL FOR ENDORSEMENT CHARGES

Comprehensive: YES NO

(Environmental, Extended Coverage)

Other Endorsements: YES NO

SURVEY REQUIRED: YES NO PREVIOUS

TO BE ORDERED BY: WEBER OR OTHER
ABSTRACT

Date Ordered: _____

Initials: _____

IF CONSTRUCTION (ORDER UPON COMPLETION) YES NO

CLOSING INFORMATION

****This information is required to provide timely service.****

APPROX. CLOSING DATE: You will need by _____ in order to close on _____

Weber Abstract offers a closing service. If this is required, please check here

If using other closing office, please provide following:

CLOSING AGENT: _____ ATTN: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL: _____

OFFICE USE ONLY

Copy Provided to Closer: (Initial) _____

INSURANCE: REISSUE #/YR:
Owners: _____
Mortgage: _____
Reissue Rate: (_____)
Endorsements: _____
Search: _____

OFFICE USE ONLY

Tax Information: Year: _____

\$ _____
1/2 _____
Sp. Assmts _____