

Family Abstract, Inc., 1424 Easton Road, Suite 100, Horsham, PA 19044
(Phone) 215-293-0212 (Fax) 215-293-0215

APPLICATION FOR TITLE INSURANCE FROM:

Order Date _____ Approx. Settle Date _____
Contact Name _____ Loan Amount _____
Phone _____ Fax _____
Location of Settlement _____ Lender _____

PROPERTY ADDRESS: _____
TOWNSHIP/BORO/CITY: _____ COUNTY: _____
STATE: _____ ZIP CODE: _____ CHECK ONE: Primary Residence Second Home/Investment
Circle one: **REFINANCE** **SECOND MORTGAGE** **PURCHASE (provide front page of agreement of sale)**

BORROWER NAME: _____ SS #: _____
PHONE: _____ DOB: _____
CO-BORROWER NAME: _____ SS #: _____
PHONE: _____ DOB: _____
CURRENT OWNER OF RECORD: _____
NEW DEED NEEDED? YES NO IF YES, REASON FOR: _____
INVESTMENT PROPERTY? YES NO HOW LONG AT THIS ADDRESS? _____

EXISTING MORTGAGE INFORMATION

Are taxes escrowed through mortgage [] Yes [] No

1st Mortgage _____ [] Remain [] Payoff [] Subordinate [] Credit Line
Account # _____ Phone # _____
2nd Mortgage _____ [] Remain [] Payoff [] Subordinate [] Credit Line
Account # _____ Phone # _____

PLEASE CHECK THE ITEMS THAT YOU WOULD LIKE FAMILY ABSTRACT, INC. TO ORDER ON BEHALF OF BORROWER

[] Mortgage Payoff [] Closing Protection Letter [] Judgments [] Taxes [] Water [] Sewer

BORROWERS AUTHORIZATION MUST ACCOMPANY THE APPLICATION FOR PAYOFF INFORMATION TO BE OBTAINED.

LENDER FOR CPL TO READ AS FOLLOWS: _____

ADDITIONAL COMMENTS: _____