



# VILAS TITLE SERVICE

A MEMBER OF LIGHTHOUSE TITLE GROUP

133 E Division St, PO Box 1177, Eagle River, WI 54521

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## TITLE INSURANCE ORDER FORM

DATE ORDERED: \_\_\_\_\_ ORDERED BY: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PARCEL ID# \_\_\_\_\_

SALE PRICE: \_\_\_\_\_ PRIOR TITLE: YES  NO  (15% discount on owner's policy)

EARNEST MONEY: \_\_\_\_\_ HELD BY: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_ WHO IS ATTENDING? BUYER  SELLER

### SELLER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FORWARDING ADDRESS AFTER SALE:

\_\_\_\_\_

\_\_\_\_\_

HOLD TITLE AS: \_\_\_\_\_

\_\_\_\_\_

MARITAL STATUS: SINGLE  HUSBAND & WIFE

SELLER'S PRIMARY RESIDENCE? YES  NO

CHARGE CLOSING FEE TO: BUYER  SELLER

COMMISSION: \$/% \_\_\_\_\_ TO \_\_\_\_\_

COMMISSION: \$/% \_\_\_\_\_ TO \_\_\_\_\_

NOTES: \_\_\_\_\_

### BUYER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FORWARDING ADDRESS AFTER SALE:

\_\_\_\_\_

\_\_\_\_\_

BUYER TO TAKE TITLE AS: \_\_\_\_\_

\_\_\_\_\_

SINGLE  HUSBAND & WIFE  OTHER

TENANTS IN COMMON  JOINT TENANTS

BUYER'S PRIMARY RESIDENCE? YES  NO

WILL BUYER BE FINANCING? YES  NO

LENDER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

LOAN OFFICER: \_\_\_\_\_