



Albert Lea Abstract & Title Co.
 205 Washington Ave. South
 Albert Lea, MN 56007
 Phone: (507) 373-9001
 Fax: (507) 373-2528
 closings@albertleaabstract.com

APPLICATION FOR TITLE INSURANCE

DATE: _____ DATE NEEDED: _____ ORDER NUMBER _____

THE UNDERSIGNED HEREBY APPLIES FOR THE FOLLOWING (ON A SALES PRICE OF \$ _____)

- 1. MORTGAGEES POLICY \$ _____ FHA VA CONVENTIONAL
- 2. OWNERS POLICY \$ _____ REFINANCE CONSTRUCTION LOAN
- 3. SPECIAL ASSESSMENT SEARCH YES NO ENDORSEMENTS _____ (please specify)
- 4. PLAT DRAWING YES NO
- 5. PRIORITY PICTURES YES NO
- 6. CONSTRUCTION DISBURSEMENT YES NO
- 7. CLOSING AT ALBERT LEA ABSTRACT YES NO PROPOSED CLOSING DATE _____

PROPOSED INSURED:

MORTGAGE POLICY: _____ (AND/OR ASSIGNS)

OWNERS POLICY: _____

CONTRACT FOR DEED POLICY: YES NO (VENDOR'S) _____ (VENDEE'S) _____

★ ★ ★ ★ PROPERTY INFORMATION ★ ★ ★ ★

PROPERTY ADDRESS: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____ Required

LEGAL DESCRIPTION (ATTACH COPY IF NECESSARY) TAX NO. (S) _____

PROPERTY IS: ABSTRACT TORRENS CERTIFICATE NO: _____

LOCATION OF ABSTRACT: _____

PRIOR TITLE EVIDENCE: _____

PROPERTY IS : VACANT LAND EXISTING BLDGS COMMERCIAL RESIDENTIAL
 PROPOSED CONSTRUCTION RECENT IMPROVEMENTS/REPAIRS

PRESENT OWNER(S) _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPANT (IF NOT OWNER) _____ AS _____

BUYERS NAME(S) _____

BUYERS PRESENT ADDRESS _____

ANY CLAIMS OR TITLE DIFFICULTIES KNOWN TO OR REPORTED TO APPLICANT AND/OR SPECIAL INSTRUCTIONS

ORDERED BY / SEND TO

CODE _____ AMOUNT CHARGED _____ ADDRESS _____

PHONE _____ FAX NO. _____

CONTACT _____ REF. NO. _____

LISTING AGENT _____

SELLING AGENT _____

TOTAL _____

RE-ISSUE CREDIT \$ _____ COPIES TO _____

THANK YOU FOR YOUR ORDER