



TITLE ORDER REQUEST

Legacy Title Services, LLC
3780 Mansell Road, Suite 460
Alpharetta, GA 30022
Phone: 770-650-6417
Fax: 770-650-6418
www.Legacy-titleservices.com

DATE NEEDED: _____

PROPERTY INFORMATION

Property Address: _____

County: _____ Land Lot: _____ District: _____ Section: _____

Lot: _____ Block: _____ Unit _____ Phase: _____

Subdivision: _____ Plat Book: _____ Page: _____

SERVICE REQUESTED

Full Title Exam: _____ Limited Title Exam: _____ [Scope/Years _____] Title Update: _____

Copy Services: _____ Special Project: _____

Tax Report: _____ Bankruptcy Search: _____ Other: _____

Issue Lender's Title Insurance: _____ Issue Owner's Title Insurance: _____

FORMAT REQUESTED

Abstract of Title: _____ Certificate of Title: _____ Title Commitment: _____ Foreclosure Report: _____

SPECIAL NOTES OR REQUESTS TO LEGACY TITLE

1. Are there any issues that are unique/particular to this examination request?

2. Special instructions? _____

3. Would you like copies of supporting documents?

(a) All Documents: _____ (b) Vesting Deed(s): _____ (c) Open Security Deed(s): _____

(d) All Easements/Restrictive Covenants/Exceptions to Title: _____ (e) Subdivision

Plat: _____ (f) Civil/Criminal Suit(s)/Judgments/Liens: _____ (g) Other: _____

PURCHASE/SALE INFORMATION

RTV: _____

Buyer(s) : _____

Seller(s): _____

Loan Amount:\$ _____ Sales Price:\$ _____

ORDERED BY:

Name: _____

Firm/Company Name: _____

Firm/Company Address: _____

Telephone: _____ Fax: _____ E-mail: _____