Chicago Title Insurance Company

CLOSING ORDER

	NAME & ADDRESS			TITLE ORDER NUMBER:	
*		*		UNIT: YOUR NO.	
*		*		REFERENCE:	
•		•		DATE:	
PROCEED AS FO	OLLOWS:			DATE.	
EXAMINE A		REC	CORD U	JPON RECEIPT:	
TYPE OF DOCUMENT	PAR	TIES		RECORDING NUMBER	FEE
DEED					
	☐ CHECK TO PAY EXCISE TAX		EXCISE	EXCISE NUMBER:	
DEED			=>/010=		
DEED OF	☐ CHECK TO PAY I	EXCISE TAX	EXCISE	NUMBER	
DEED OF TRUST					
ASSIGNMENT					
☐ PHONE VERBAL TO:					
HONE VERBAL TO.					
☐ BILL CHARGES TO:					
Loan Policy must contain the following Endorsements: 100 116 6.0 6.2 8.1 100.29 PUD					
115.1 116.2 BALLOON ☐ HOLD Policy issuance for recording of Assignment of Deed of Trust					
LITOLD Folicy issuance for recording of Assignment of Deed of Trust					
SUBJECT TO THE FOLLOWING:					
DELETE PARAGRAPHS:					
WE GUARANTEE TO OBTAIN AND DELIVER FOR RECORDING DOCUMENTS SUFFICIENT TO					
RELEASE PARAGRAPH					
RELEASE PARAGRAPH As deleted above. Nos. Only AUTHORIZED SIGNATORY					
AUTHORIZED SIGNATORT					
Taxes - Check for payment of □ 1st half □ 2nd half □ WILL FOLLOW □ Paid - please re-check					
DELIVER OWNERS POLICY TO: LOAN POLICY TO:					
					
☐ Send Duplicate to: ADDITIONAL INSTRUCTIONS:					
ADDITIONAL INSTRUCTIONS:					
TITLE COMPANY USE ONLY					
☐ We have complied with your instructions and your Policy will Follow Thank you!					
 □ POLICY TO HOLD - for Assignment □ POLICY HOLDING FOR FURTHER INSTRUCTIONS. □ Please advise when Foundation is in place for reinspection to clear survey matters in order to issue policy. 					
WE WILL REQUIRE:					
Dated:		By:			