

LAW OFFICES OF ANTHONY S. ADELSON, P.A.

501 Golden Isles Drive, Suite 203

Hallandale Beach, Florida 33009

Telephone: (954)-458-9238 | Fax: (954)-862-5962

TITLE ORDER FORM

FROM: _____ DATE: _____

COMPANY NAME: _____ Phone #: _____

BORROWER(S): _____ Phone #: _____

PROPERTY ADDRESS:

NEW LENDER NAME: _____

MORTGAGEE CLAUSE: _____

LOAN AMOUNT \$ _____ (Please fax copy of the sale contract)

REFINANCE INFORMATION CHECKLIST

1. Copy of OWNER or MORTGAGEE TITLE INSURANCE POLICY on property.

2. Copy of WARRANTY DEED to the property being mortgaged.

3. Marital Status: [] Married [] Single [] Divorced [] Widow

Name of Spouse: _____

4. If there is a current mortgage on the property, please provide my office with the current name of the lender, the loan number, a contact telephone number for the lender and seller's social security number(s) so that my office may obtain the payoff information.

FIRST MORTGAGE

Name of Lender(s): _____

Loan Number(s): _____ Telephone # _____

Borrower Social Security Number(s): _____ - _____ - _____

SECOND MORTGAGE

Name of Lender(s): _____

Loan Number(s): _____ Telephone # _____