

SVS LAW OFFICE OF SHAWN VOGT SWEEN

104 Main Street South
P.O. Box 35
Grand Meadow, MN 55936

Tel: (507) 754-4555
Fax: (507) 754-4554
www.svslawoffice.com

Application for Title Insurance Policy

Please email this completed form to amy@svslawoffice.com
or fax to (507) 754 - 4554

DATE: _____ DATE NEEDED: _____

CLOSING DATE: _____ CLOSING AGENT: _____

ORDERED BY:

COMPANY: _____ BY: _____

ADDRESS: _____ PHONE #: _____

_____ FAX: _____

EMAIL ADDRESS: _____

THE LENDER HEREBY APPLIES FOR THE FOLLOWING (ON SALE PRICE OF: \$ _____)

1. MORGAGEE'S POLICY \$ _____ __ FHA __ VA __ CON
2. OWNER'S POLICY _____ Loan No.
3. CLOSING AT SVS __ YES __ NO If no, where? _____

PARTY TO BE INSURED:

MORTGAGEE'S POLICY: _____

SECOND MORTGAGEE'S POLICY: _____

OWNER'S POLICY: _____

__ as Fee Owner __ as Lessee __ as Contract Vendee

PROPERTY ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

LEGAL DESCRIPTION: _____

PID# : _____

PROPERTY IS:

TOWNHOUSE OR CONDOMINIUM NEW CONSTRUCTION IN PROGRESS
 EXISTING BUILDING (completed over 120 days) VACANT LAND
 RECENT IMPROVEMENTS OR REPAIRS (less than 120 days)
 MANUFACTURED HOME (Has title been surrendered? _____)

TYPE OF PROPERTY:

ABSTRACT TORRENS TORRENS CERT. # _____

ABSTRACT LOCATION: _____ REFERENCE #: _____
PERSON TO CONTACT: _____ PHONE: _____

PARTIES INVOLVED:

SELLER NAMES: _____

ADDRESS: _____

PHONE #: _____

MARITAL STATUS: _____

BUYER NAMES: _____

ADDRESS: _____

PHONE #: _____

MARITAL STATUS: _____

EXISTING MORTGAGES: _____

KNOWN CLAIMS OR TITLE DIFFICULTIES: _____

SPECIAL REQUESTS: _____

SEND COMMITMENT TO: _____

LISTING AGENT: _____ PHONE: _____

ADDRESS: _____ FAX: _____

SELLING AGENT: _____ PHONE: _____

ADDRESS: _____ FAX: _____

OTHER: _____ PHONE: _____

ADDRESS: _____ FAX: _____