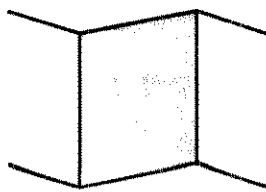


Phone:
540.659.0107



Fax:
540.659.4952

LAND TITLE RESEARCH
i n c o r p o r a t e d

TITLE ORDER

DATE: _____ FULL TITLE / BRINGDOWNWN / COPIES

CLIENT: _____

ORDERED BY: _____ CLIENT CASE #: _____

OWNER: _____

ADDRESS: _____

LOT: _____ SECTION: _____ BLOCK: _____ ACREAGE: _____

SUBDIVISION: _____

NOTES: _____

DATE DUE: _____

BINDER INFORMATION

SALE CONSTRUCTION LOAN REFINANCE ASUMPTION 2ND TRUST

PURCHASER: _____

LENDER: _____

ADDRESS: _____

SALE PRICE: _____ LOAN AMOUNT: _____

TYPE OF LOAN: FHA VA CONV VHDA/VA

SEND BOTH COPIES TO ATTORNEY: _____

SEND ONE COPY TO ATTORNEY AND ONE TO LENDER: _____

SPECIAL NOTES: _____