



ORDER FORM: ABSTRACTS & TITLE REPORTS

Please provide as much information as possible, then email, fax or deliver to Washington Title & Guaranty Company.

DATE _____

ABSTRACT: Last Cont. # _____ No. Parts _____

ORDERED BY _____

TYPE OF TRANSACTION

Company _____

____ Refinance ____ Sale

Address _____

____ Other _____

Phone/Email _____

CLOSING DATE _____

SERVICE REQUESTED

ABSTRACTING

- ____ New Abstract/Root of Title
- ____ Preliminary Continuation
- ____ Final Continuation: Loan Amount \$ _____
- ____ Stub ____ Addendum

SELLERS ATTORNEY _____

Law Firm _____

Address _____

Phone/Email _____

SEARCHES & REPORTS

- ____ 900/901 Title Guaranty Report
- ____ Title (Lien) Report: Preliminary ____ Update/Final
- ____ Personal Lien Search (Buyer Search)
- ____ Ownership Search ____ Other

BUYERS ATTORNEY _____

Law Firm _____

Address _____

Phone/Email _____

LENDER/BANK _____

Loan Officer _____

Address _____

Phone/Email _____

TITLEHOLDER(S) _____

REALTOR _____

Firm _____

Address _____

Phone/Email _____

BUYER(S) _____

LEGAL DESCRIPTION _____

SEND ABSTRACT TO _____

PROPERTY ADDRESS _____

SEND INVOICE(S) TO _____

SPECIAL INSTRUCTIONS _____

AUTHORIZING SIGNATURE _____ WTG _____

Abstracts of Title in Washington & Keokuk Counties

103 N. Marion Ave., PO Box 308, Washington, IA 52353

Email: orders@washingtontitle.org • www.washingtontitle.org • Fax (319) 653-4797 • Telephone (319) 863-9200