

7 < 7 5 ; C TITLE INSURANCE COMPANY

**66 William Street
PO Box 349
Lyons NY 14489-0349
Phone: 315-946-4363 - Fax: 315-946-6462**

Attn: _____ **Date:** _____

Charge to: _____ **Attn:** _____

Deliver to: _____ **Attn:** _____

Property Address: _____

ABSTRACT ORDERS

Type of Order:

- Continuation
- Continuation for Foreclosure
- Stub
- Stub for Foreclosure
- Full (Please attach copy of deed, survey, description or S.B.L. No.)
- Prem Only
- Other _____

Owner _____ Dead
Alive

Owner _____ Dead
Alive

Date Needed: _____

TITLE INSURANCE ORDERS

- Mortgage Policy Amount: _____
- Fee Policy Amount: _____

Endorsements:

- 8.1 (Environmental) ARM
- Waiver of Arbitration
- Other

Purchaser (s): _____

Lender: _____

- Type of Order:
- Regular EC
 - Commercial Resale
 - Residential Refinance
 - BPC Needed: Yes

Reissue of: _____
Previous Policy

Amount: _____

Report to: _____

Date Needed: _____

COMMENTS:

FOR CHICAGO USE ONLY

DATE REC'D: _____ **INITIALS:** _____ **COMMENTS:** _____