

**CHICAGO TITLE INSURANCE COMPANY**

100 MADISON ST. SUITE 1910, SYRACUSE, NY 13202

Telephone: (315) 474-1273

Fax: (315) 474-4281

Attn: \_\_\_\_\_ Date: \_\_\_\_\_

Charge To: \_\_\_\_\_ Attn: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deliver To: \_\_\_\_\_ Attn: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Address: \_\_\_\_\_

**ABSTRACT ORDERS**

**TITLE INSURANCE 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.)

Special Search (Notes Only)

Other

Owner \_\_\_\_\_ Dead or Alive

\_\_\_\_\_ Dead or Alive

Date Needed: \_\_\_\_\_

COMMENTS:

Mortgage Policy Amount: \_\_\_\_\_

Fee Policy Amount: \_\_\_\_\_

Endorsements

Environmental  ARM

Waiver of Arbitration  Survey

Other \_\_\_\_\_

Purchaser(s): \_\_\_\_\_

Seller(s): \_\_\_\_\_

Lender: \_\_\_\_\_

Transaction Type

Commercial  Resale

Residential  Refinance

Face value of all existing Mtgs \_\_\_\_\_

- AND -

Original Purchase Price \_\_\_\_\_

Report To: \_\_\_\_\_

Date Needed: \_\_\_\_\_

**\*\*\* REFINANCE TITLE ORDERS REQUIRE FACE VALUE OF ALL EXISTING MORTGAGES AND THE AMOUNT OF THE ORIGINAL PURCHASE PRICE**

**FOR CHICAGO USE ONLY**

Date Rec'd: \_\_\_\_\_ Initials: \_\_\_\_\_ Comments: \_\_\_\_\_