

Law Office ofCarolyn K. Davis, P.C.



**First American
Title Insurance Company**

REQUEST FOR TITLE WORK

Loan Type: _____ Loan Amount: _____

Your Name: _____

Company/Branch: _____

Phone/Fax: _____

E-Mail Address: _____ Your File/CLAO Number: _____

Borrower Information (Include middle name):

Borrower's Name: _____

SSN: _____ DOB: _____

Phone Number: _____

Co-Borrower's Name (Spouse): _____

SSN: _____ DOB: _____

Phone Number: _____

Owner (if different from borrower): _____

SSN: _____ DOB: _____

Phone Number: _____

Property Information:

Property Address: _____

City: _____

County: _____

State: _____

Please fax orders to **(972) 673-0771** or Toll Free **(877) 221-5741** or Alternate fax **(972) 673-0766**

Lincoln Legacy One
6860 N. Dallas Parkway, Suite 130
Plano, TX 75024
214-221-5707
972-673-0771 (fax)
titlecenter@cdavisonline.com

A LEGAL DESCRIPTION IS REQUIRED TO EXPEDITE YOUR SERVICE

Legal Description:

Lot: _____
Block: _____
Subdivision: _____
Tax ID/Parcel ID No.: _____
Additional Information: _____

Existing Liens:

1st Lien Lender: _____ Year of Loan: _____
2nd Lien Lender: _____ Year of Loan: _____
Approximate payoff (so we can calculate any premium credits):\$ _____

New Survey Required? Yes / No
Title to Order Survey? Yes / No
Title to Order Payoff? Yes / No

If yes, please provide loan number and phone number of existing lender:

Estimated date of closing: _____

Please provide any additional information to expedite your order:

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