

Larson Abstract Company
70 First Avenue Southeast P.O. Box 387
Little Falls, Minnesota 56345
Phone: 320.632.5667 Fax: 320.632.4583

Title Insurance Application

Date: _____

Commitment Needed By: _____

Estimated Closing Date: _____

Realtor: _____

Circle all that apply: Refinance Purchase FHA VA ARM
 Conventional JR. Mortgage Other _____

Mortgagees Policy: \$ _____

Owner's Policy: \$ _____

Sale Price: \$ _____

Lender to be Insured: _____

Please circle 'Yes' or 'No' to the following:

- | | | | |
|--|-----|----|-----------------|
| 1. Special assessment search | Yes | No | |
| 2. Plat Drawing | Yes | No | |
| 3. Flood Certification (Geotrac) | Yes | No | (Basic or Life) |
| 4. Is Larson Abstract doing the closing? | Yes | No | |

Please include the following with this application:

1. Purchase Agreement (with completed signatures)
2. Legal Description (attach, if necessary) _____

3. Abstract (if NEW or special instructions, please state below) _____

4. Torrens Certificate

Property Address: _____

County: _____

Property is: (circle all that apply): Vacant Land New Construction
 Existing Buildings Recent Improvements

Present Owner(s): (please use complete legal name and marital status)

Forwarding Address (if known): _____

Phone numbers: Home: _____ Work: _____

New Owner(s): (please use complete legal name and marital status)

Present Address: _____

Phone Numbers: Home: _____ Work: _____

Commitment to be mailed to:

Address: _____

Phone number: _____ Fax number: _____

Contact Person: _____

Bill to: _____

Address: _____

Thank You!
We Appreciate Your Business