

750 N. 3rd Street, Suite B, La Crosse, WI 54601 608-783-9265 608-783-9266 FAX orders@newcastletitle.us www.newcastletitle.us

Date Ordered	Date Needed		
Ordered By	Phone/Email/Fax		
Title Insurance: Owner's	Lender'sLetter Report_	Realtor Fact Sheet	
Is There a Prior Title Insura	ance Policy (or an abstract?)	Yes / No	
**Property Address	City		
StateZip	Parcel/Tax ID #		
Property Type: Single Family / Rental (# of Uni	its)/ Commercial (Typ	pe) / Other	
Purchase Price \$	Loan Amount \$		
***Current Owner	Pho	ne	
Current Address			
New Address			
Seller Marital Status			
**Buyer		Phone	
Current Address			
Buyer's Marital Status V			
Buyer's Future Address (if not homeste	ead)		
**Lender	Loan Officer		
Lender Email	Phone	Fax	
Loan Processor	Send Final Policy to		
Deed/Transfer : Yes / No Name of A	ttorney:	····	
Closing Services: Yes / No Closing Da	teGAP	Insurance Needed: Yes / No	
Listing Agent	Phone	Fax	
Listing Agent's Email			
	Phone		
Selling Agent's Email			
Commission % Split %			
NOTES:			
Completed By:			