

**To: Robert G Briggs**  
1809 Northwestern Ave #110  
Stillwater, MN 55082

**Closing held at: Attorney's Title of Stillwater**  
1809 Northwestern Ave#110  
Stillwater, MN 55082  
(651)439-9550 Fax (651)439-8060

**Licensed Agent of Attorney's Title Insurance Fund, Inc. – Orlando, Florida**

## **APPLICATION FOR TITLE INSURANCE**

Date: \_\_\_\_\_ ( Name of Person) Ordered By: \_\_\_\_\_

Company Name \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Individual: \_\_\_\_\_

Abstract: \_\_\_ Torrens: \_\_\_ Certificate Number: \_\_\_\_\_ County: \_\_\_\_\_

Legal Description: \_\_\_\_\_

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

Premises Occupied By: \_\_\_\_\_

Fee Owner: \_\_\_\_\_

Seller(s) (if not Fee Owner): \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

New Buyer(s): \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_

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

Social Security Number(s): \_\_\_\_\_

Type of Policy Requested: Mortgagee's \_\_\_ Owner's \_\_\_ Both \_\_\_\_\_

Mortgage Amount: \$ \_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_ Conv \_\_\_\_\_

Loan to be Insured: First Mtg \_\_\_ Second Mtg \_\_\_ Refinance \_\_\_\_\_

Sales Price: \$ \_\_\_\_\_ Fee Owner \_\_\_ Vendor \_\_\_ Vendee \_\_\_\_\_

Party to be Insured: Mortgagee \_\_\_\_\_

Owner \_\_\_\_\_

Special Assessment Search needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Plat Drawing Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Pictures Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Name Search Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Closing Dated: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Listing Agent: \_\_\_\_\_ Selling Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Commitments to be Sent to: \_\_\_\_\_

Loans to be paid off:

Lender \_\_\_\_\_ Loan Number: \_\_\_\_\_

Lender \_\_\_\_\_ Loan Number: \_\_\_\_\_

Lender \_\_\_\_\_ Loan Number: \_\_\_\_\_