



Legacy Title Company, LLC

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601 N. Shore Drive, Suite 101
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TITLE ORDER REQUEST

Date Ordered: _____ Estimated Closing Date: _____

BANK/BROKER INFORMATION

Company: _____ Loan Officer: _____
Phone: _____ Fax: _____ Email: _____

NEW LENDER INFORMATION

Lender/Mortgagee Clause: _____

Refinance: _____ Purchase: _____ Second/Equity Mortgage: _____

Loan Amount: \$ _____ Sales Price: \$ _____

PROPERTY INFORMATION

Property Address: _____

City: _____ State: _____ County: _____ Zip: _____

BORROWER INFORMATION

Borrower's Name(s): _____

Social Security Number(s): _____

Marital Status: _____

Please list name(s) of non-borrowing spouse(s).

SELLER/AGENT INFORMATION

If this is a Purchase/Sale, please fax or email a copy of the Sales Contract or Contract for Deed.

Seller's Name(s): _____

Social Security Number(s): _____

Marital Status: _____

Please list name(s) of spouse(s).

Listing Agent: _____ Phone: _____ Email: _____

Selling Agent: _____ Phone: _____ Email: _____

ADDITIONAL INFORMATION

Existing Mortgage(s), please list Lender(s), Account #(s), Customer Service #(s): _____

Circle all that are applicable:

Power of Attorney Contract for Deed Estate Deceased Spouse Trust Bankruptcy Foreclosure
Manufactured/Mobile Home Condominium Homeowner's Association New/Pending Survey

Other Instructions: _____

Please call (502) 400-5550 if you do not receive confirmation that we received this request.
We appreciate your business.