



KANKAKEE COUNTY TITLE COMPANY ORDER FORM

Phone 815-933-8525

Fax 815-933-9522

orders@kankakeetitle.com

Please fill in as much of the following information as possible. Required information is indicated by a *.

Please fax or e-mail a copy of the sales contract along with this form

ORDER DATE: _____

ESTIMATED CLOSING DATE: _____

(Must call (815) 936-3950 to schedule)

DIRECTING CUSTOMER:

*FIRST NAME: _____

*Last Name: _____

*COMPANY: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

Listing Agent Selling Agent Seller's Attorney Buyer's Attorney Mortgage Broker

Lender Seller

*OFFICE PHONE: _____ CELL PHONE _____ FAX: _____

E-MAIL: _____

ORDER TYPE:

SALE

REFI

SECOND

PRELIMINARY

TRACT SEARCH ONLY

CONTRACT FOR DEED

PREFERENCE OF TITLE UNDERWRITER:

CHICAGO TITLE INS. CO.

STEWART TITLE GUARANTY

NO PREFERENCE

PROPERTY INFORMATION:

STREET ADDRESS: _____

CITY: _____

STATE: IL

ZIP: _____

TAX PARCEL I.D.#(s): _____

PROPERTY TYPE: Residential (1-4 family)

Commercial

Acreage

SALES PRICE: _____

LEGAL DESCRIPTION: *(if available)*

SELLER / PARTY IN TITLE:

NAME1: _____ NAME2: _____
OTHER: _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE: _____ SECONDARY PHONE: _____

Listing Agent:

AGENT NAME: _____ BROKERAGE: _____
ADDRESS: _____ CITY: _____ STATE: _____
OFFICE PHONE: _____ CELL PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____

SELLER'S ATTORNEY:

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE: _____ FAX: _____

PAYOFF INFORMATION:

MORTGAGE COMPANY #1 NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE: _____ LOAN #: _____

MORTGAGE COMPANY #2 NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE: _____ LOAN #: _____

PLEASE HAVE CLIENT SIGN AND ENTER THEIR SOCIAL SECURITY NUMBER(S) ON THE "AUTHORIZATION TO RELEASE" FORM AT THE BOTTOM AND E-MAIL OR FAX TO (815) 936-3953 AS SOON AS POSSIBLE TO ALLOW AMPLE TIME TO ORDER PAYOFF. ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL. THANK YOU!

PURCHASER:

NAME1: _____ NAME2: _____
OTHER: _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE: _____ SECONDARY PHONE: _____

Selling Agent:

AGENT NAME: _____ BROKERAGE: _____
ADDRESS: _____ CITY: _____ STATE: _____
OFFICE PHONE: _____ CELL PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____

BUYER'S ATTORNEY:

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE: _____ FAX: _____

LENDER INFO:

LENDER: _____ OFFICER: _____
BRANCH: _____ PHONE: _____ FAX: _____
LOAN AMOUNT (IF KNOWN): _____
LOAN TYPE: CONVENTIONAL FHA VA CONSTRUCTION
GENERAL CONTRACTOR: _____ PHONE: _____
 PAYOUTS THROUGH KANKAKEE COUNTY TITLE?
 YES NO

PRIOR TITLE EVIDENCE?
 YES – K3 Co. TITLE # _____ YES – OTHER (PLEASE FAX) NO

KANKAKEE COUNTY TITLE COMPANY TO ORDER DEED AND TRANSFER DECLARATION:

YES NO

If yes, please complete the following form with all the requested information currently available. (The requested information is required for the completion of the Illinois Real Estate Transfer Declaration and Deed preparation.)