

Order Form

Kankakee County Title Company
202 N Schuyler Avenue, Suite 101
Kankakee, IL 60901
Phone: 815-933-8525 Fax: 815-933-9522
Email: orders@kankakeetitle.com

Property Information:	Property Type:
Address:	<input type="checkbox"/> Residential Owner <input type="checkbox"/> Residential Investment <input type="checkbox"/> Commercial <input type="checkbox"/> Acreage <input type="checkbox"/> Vacant
PIN(S):	Order type:
	<input type="checkbox"/> Prelim Commitment <input type="checkbox"/> Tract Search <input type="checkbox"/> Title Commitment <input type="checkbox"/> Later Date <input type="checkbox"/> Sale <input type="checkbox"/> Refinance
Short Legal:	Loan Type: <input type="checkbox"/> TRID <input type="checkbox"/> HUD
	Please attached a copy of the sales contract
	Endorsements: <input type="checkbox"/> EPL <input type="checkbox"/> COMP <input type="checkbox"/> LOC <input type="checkbox"/> ARM <input type="checkbox"/> CONDO
Order Date: Ordered By:	<input type="checkbox"/> Chain of Title _____ # of months

Who is placing this order? Check applicable box (below) for Directing Customer.
 If not specified, the person filling out this form will be considered the Directing Customer

Seller/Current Owner:	Buyer/Borrower/Current Owner:
<input type="checkbox"/> Directing Customer	<input type="checkbox"/> Directing Customer
Sales Price	Mortgage Amount
Address	Address
City/St/Zip	City/St/Zip
Phone	Phone
Email	Email
Has Seller/Current Owner changed their name since taking title? <input type="checkbox"/> YES <input type="checkbox"/> NO	Closing @ Kankakee Title? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any parties in title deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO	Est. Closing Date? _____
If yes, has probate case been opened? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	Order deed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Listing Agent/Broker:	Selling Agent/Broker:
<input type="checkbox"/> Directing Customer	<input type="checkbox"/> Directing Customer <input type="checkbox"/> Please check if same as listing agent
Brokerage	Brokerage
Address	Address
City/St/Zip	City/St/Zip
Phone Fax	Phone Fax
Email	Email
Seller's Attorney:	Buyer's Attorney:
<input type="checkbox"/> Directing Customer	<input type="checkbox"/> Directing Customer
Address	Address
City/St/Zip	City/St/Zip
Phone Fax	Phone Fax
Email	Email
Brokerage Company:	Lender:
<input type="checkbox"/> Directing Customer	<input type="checkbox"/> Directing Customer
Contact	Contact
Address	Address
City/St/Zip	City/St/Zip
Phone Fax	Phone Fax
Email	Email

For Office Use Only
 Taken By: _____ New File # _____
 Deed Doc # _____ Prior File # _____