



Order Form

▶ ORDER INFO

Type of order:	<input type="checkbox"/> Owners Policy/Seller	<input type="checkbox"/> Loan Policy/Buyer	<input type="checkbox"/> Prelim Search (Listing)	<input type="checkbox"/> Search Only
Transaction Type:	<input type="checkbox"/> Sale w/new mtg	<input type="checkbox"/> Cash	<input type="checkbox"/> Land Contract	<input type="checkbox"/> Other
Full Property Address:				
Parcel ID Numbers:				
Legal Description:				
New Construction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work Performed in the last 120 Days:	<input type="checkbox"/> Yes <input type="checkbox"/> No

▶ TRANSACTION DETAILS

Sale Price:		Loan/Land Contract Amount:	
EMD:		Held By:	<input type="checkbox"/> Selling Broker <input type="checkbox"/> Listing Broker <input type="checkbox"/> Other
Home Warranty Company:			
Occupancy (Rent) Escrow:	<input type="checkbox"/> Yes <input type="checkbox"/> No	PA Addendum to Follow:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water/Sewer Escrow:	<input type="checkbox"/> Yes <input type="checkbox"/> No*		
Miscellaneous Escrow:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Homeowners/Condo Association:	<input type="checkbox"/> Yes** <input type="checkbox"/> No	**Include recent Invoice/Billing Statement	
Management Co:		Treasurer Phone:	
Current Dues Amount:		Payment Frequency:	
Certificate of Occupancy Required:	<input type="checkbox"/> Yes*** <input type="checkbox"/> No	***Include recent Invoice/Billing Statement	
Responsible Party:	<input type="checkbox"/> Buyer	<input type="checkbox"/> Builder	<input type="checkbox"/> Listing Agent <input type="checkbox"/> Selling Agent

*If "No", is properly well & septic? Yes No



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▶ ATTACHED DOCUMENT *Please check all that apply*

<input type="checkbox"/> Purchase Agreement	<input type="checkbox"/> Payoff Authorization(s)
<input type="checkbox"/> HOA Statement	<input type="checkbox"/> Signed Affiliated Business Arrangement (ABA) Disclosure
<input type="checkbox"/> Trust Documentation (Contact your Legacy Title team lead for specific trust requirements)	<input type="checkbox"/> Divorce Judgement (Must include property settlement, certified copy may be required at closing)
<input type="checkbox"/> Death Certificate (True certified copy may be required for recording at closing)	<input type="checkbox"/> Probate Documentation (Additional documents may be required prior to/at closing)
<input type="checkbox"/> Other	

▶ SELLER INFORMATION

Seller #1 Name:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Corp/LLC <input type="checkbox"/> Married to Seller #2 <input type="checkbox"/> Divorced <input type="checkbox"/> Trust <input type="checkbox"/> Estate		
Full Address:			
Phone:		Email:	
SSN/Tax ID:		Foreign Person	<input type="checkbox"/> Yes <input type="checkbox"/> No

Seller #2 Name:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Corp/LLC <input type="checkbox"/> Married to Seller <input type="checkbox"/> Divorced <input type="checkbox"/> Trust <input type="checkbox"/> Estate		
Full Address:			
Phone:		Email:	
SSN/Tax ID:		Foreign Person	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Residence:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
May Legacy Contact Seller(s) Directly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ask Agent first		
Power of Attorney:	<input type="checkbox"/> Yes for Seller 1 <input type="checkbox"/> Yes for Seller 2 <input type="checkbox"/> No		
Remote Signing Needed:	<input type="checkbox"/> Yes for Seller 1 <input type="checkbox"/> Yes for Seller 2 <input type="checkbox"/> No		
Special Instructions:			



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▶ BUYER INFORMATION

Buyer #1 Name:						
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Corp/LLC	<input type="checkbox"/> Married to Buyer #2	<input type="checkbox"/> Divorced	<input type="checkbox"/> Trust
Full Address:						
Phone:			Email:			
SSN/Tax ID:			Foreign Person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Buyer #2 Name:					
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Corp/LLC	<input type="checkbox"/> Trust	
Full Address:					
Phone:			Email:		
SSN/Tax ID:			Foreign Person	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Primary Residence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May Legacy Contact Buyer(s) Directly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ask Agent first
Power of Attorney:	<input type="checkbox"/> Yes for Buyer 1	<input type="checkbox"/> Yes for Buyer 2	<input type="checkbox"/> No
Remote Signing Needed:	<input type="checkbox"/> Yes for Buyer 1	<input type="checkbox"/> Yes for Buyer 2	<input type="checkbox"/> No
Special Instructions:			



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▶ TRANSACTION CONTACTS

Co-op Title Company

Second Title Company (Business Name):		
Contact Name:	Phone:	Email:

Listing Agent

Listing Agent Commission*:	Transaction Fee:
Agent Name:	Brokerage:
Agent Phone:	Address:
Agent Email:	Admin Email:

Agent must notify legacy title of commission changes prior to closing

Selling Agent

Selling Agent Commission*:	Transaction Fee:
Selling Agent Name:	Brokerage:
Selling Agent Phone:	Address:
Selling Agent Email:	Admin Email:

Agent must notify legacy title of commission changes prior to closing

Lender Information

Lender Company:	LO Phone:
Loan Officer (LO):	LO Email:

Additional Information/Instructions: