

THE LAW OFFICE OF
JORDAN W. JACOB
YOUR LAWYER FOR LIFE...AND AFTER™

TITLE/CLOSING REQUEST FORM

- Please complete this form and email it to: closings@jwjacoblaw.com
- If you have any questions, please call (561) 717-9854
- Items marked with an asterisk (*) are required.

*Name/Requested by: _____
*Phone: _____
*Email: _____

Property Information

*Property Address: _____
*City/Town: _____
*State: _____
Zip Code: _____
*Tax Parcel ID #: _____

Seller Information

*Seller 1 Name: _____
Social Security #: _____
Work Phone: _____
Cell Phone: _____
Home Phone: _____
Email: _____

Prior Title Policy Policy Number: _____

Seller 2 Name: _____
Social Security #: _____
Work Phone: _____
Cell Phone: _____
Home Phone: _____
Email: _____

Buyer Information

*Buyer 1 Name: _____
Social Security #: _____
Work Phone: _____
Cell Phone: _____
Home Phone: _____
Email: _____

Buyer 2 Name: _____
Social Security #: _____
Work Phone: _____
Cell Phone: _____
Home Phone: _____
Email: _____

Realtor Information

Seller's Agent Name: _____
Company: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Buyer's Agent Name: _____
Company: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Loan Information (if applicable)

Loan Amount: _____
Loan ID #: _____
Loan Type:
 Home Equity Line
 Refinance
 Purchase

Lender Name/ Mortgagee: _____
Lender Address: _____
Lender Phone: _____
Lender Fax: _____

Loan Officer Name: _____
Loan Officer Address: _____
Loan Officer Phone: _____
Loan Officer Email: _____

Cash Transaction

Liens, Mortgages, and Other Debts to be Paid

(1) _____	Account: _____
(2) _____	Account: _____
(3) _____	Account: _____
(4) _____	Account: _____

Other Services

(Check all that apply)

- Title Insurance/Title Policy
- Survey/Plot Plan/Affidavit
- Lien Search
- Other - Specify: _____

Estimated Closing

Estimated Closing Date: _____

Special Instructions, Comments:
