



LAND TITLE

service beyond the expected

Recording Request

Date _____

Company _____
Contact _____
Contact Phone _____
Contact email _____

Regarding _____

LT File No. _____

Abstract / Torrens ID No. (circle one) _____

Misc. Recording _____ yes _____ no

County _____

PLEASE PERFORM THE FOLLOWING SERVICES

Record the following documents enclosed

Upon performing services please do the following

____ Quit Claim Deed from _____ to _____
____ Warranty Deed from _____ to _____
____ Mortgage Deed from _____ to _____
____ Pay Mortgage tax of \$ _____
____ Pay Deed tax of \$ _____
____ Attested Copies Required _____
____ Assignment of Mortgage and _____ copies
____ Satisfaction _____
____ Probate Papers _____
____ Contract for Deed from _____ to _____
____ Divorce Decree from _____
____ CREV/Transfer Form _____
____ Torrens Certificate No. _____
____ Purchaser's Affidavit _____
____ Affidavit- Record / Do Not Record (circle one)
____ Well Certificate _____
____ Other _____

Issue Final Policy _____
Issue Endorsement _____
Continue Abstract _____

Pay Real Estate Taxes _____
Amount \$ _____
Year _____

Pay Assessments _____
Levied \$ _____
Pending \$ _____

Check Enclosed \$ _____

Billing address _____

Special Instructions:

