

# HALPERIN LYMAN, LLC – PURCHASE TITLE ORDER FORM

BUYER INFORMATION		Estimated Closing Date:		
Buyer (1) Name		Home Phone	Cell / Work Phone	
Buyer (2) Name		Home Phone	Cell / Work Phone	
Buyer/Selling Real Estate Company Name (if applicable)		Buyer/Selling Agent's Name	Cell / Work Phone	
(New) Lender Name / Mortgage Brokerage Name		Loan Officer's Name / Broker's Name	Work Phone	
Home Owners Insurance Company Name		Representative's Name	Work Phone	
Down Payment Assistance Company Name (if applicable)		Representative's Name	Work Phone	
SELLER INFORMATION				
Seller (1) Name		Home Phone	Cell / Work Phone	
Seller (2) Name		Home Phone	Cell / Work Phone	
Listing Real Estate Company Name (if applicable)		Listing Agent's Name	Cell / Work Phone	
Seller's Forwarding Street Address		City	State, Zip Code	
Is the above Property the Seller's Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Seller (1) Social Security Number	Seller (2) Social Security Number	
SELLER LOAN PAYOFF				
First Mortgage Bank Name		Loan Number	Work Phone	
Second Mortgage Bank Name		Loan Number	Work Phone	
Other Lien / Judgment Information (if applicable)		Should Halperin Lyman order Loan Payoffs for these Loans? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOME OWNERS ASSOCIATION				
Home Owners Association Name (if applicable)		Membership Requirement <input type="checkbox"/> Mandatory <input type="checkbox"/> Optional	Initiation Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	
Management Company Name and/or Contact Person's Name		Work Phone	Membership Dues \$ _____ / <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
PROPERTY SURVEY (If the service is desired but has not been ordered for the following rows, enter "Not Performed" in the Company Name field)				
Property Survey Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name	Work Phone	Amount Due \$ _____	Collect at Closing? <input type="checkbox"/> Yes <input type="checkbox"/> No
TERMITE INSPECTION LETTER				
Termite Inspection Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name	Work Phone	Amount Due \$ _____	Collect at Closing? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME WARRANTY & OWNERS TITLE INSURANCE POLICY				
Home Warranty Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name	Work Phone	Amount Due \$ _____	At Closing, Paid By <input type="checkbox"/> Buyer <input type="checkbox"/> Seller
Owners Ins. Policy Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Miscellaneous Notes			
SPECIAL CIRCUMSTANCES (Deceased Title Holder, Power of Attorney, Divorce, Property Held in Trust, Distressed Property Sale, etc.)				
Special Circumstances				