

TITLE INSURANCE ORDER AND CLOSING INSTRUCTIONS

To: **OLMSTED & WILSON, P.A**
17801 Murdock Circle, Suite A
Port Charlotte, FL 33948
Phone: 624-2700/Fax: 624-5151
Email: debi@owpa.com

FROM: _____
Phone: _____
Email: _____

BUYER/SELLER INFORMATION

BUYER INFO:

Name: _____
Address: _____

Email Address _____
Phone: Home/Cell: _____
Marital Status: ☐ Single ☐ Married
Closing: ☐ by mail ☐ in person

SELLER INFO:

Name: _____
Address: _____

Email Address _____
Phone: Home/Cell: _____
Marital Status: ☐ Single ☐ Married
Closing: ☐ by mail ☐ in person

PROPERTY INFORMATION

Tax I.D. No. _____
Lot(s) _____, Block _____, Section _____
Subdivision _____
Condominium _____
Unit No. _____ Carport (Garage) No. _____

SALES INFORMATION

CLOSING DATE:

Purchase Price: \$ _____
Deposit \$ _____ Held by: _____
New Loan: \$ _____
New Lender Info: Lender: _____
Contact: _____ Phone No. _____

REALTOR INFORMATION

BUYER'S AGENT

SELLER'S AGENT

Broker Name:		Broker Name:	
Broker License #		Broker License #	
Agent Name:		Agent Name:	
Agent License #		Agent License #	
Commission:		Commission:	
Transaction Fee:		Transaction Fee:	