

# Title/Closing Request Form

Please complete this form and FAX it to: (404) 963-0688  
If you have any questions, contact Jones - Martin, LLC at: (404) 249-8888  
Items marked with an asterisk (\*) are required. We cannot process your form without that information.

\*Name/Requested by: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Processor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
 I do not have a processor

Loan Officer's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Property Information

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

## Borrower Information

\*Borrower 1 Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Borrower 2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Loan Information**

Loan Amount: \_\_\_\_\_ Loan ID #: \_\_\_\_\_  
Lender Name/Mortgagee: \_\_\_\_\_  
Address: \_\_\_\_\_  
Lender Phone: \_\_\_\_\_ Lender Fax: \_\_\_\_\_

Loan Type:  Home Equity Line      Check all  Title Insurance/Title Policy  
(Check all that apply)  Refinance      that apply:  Survey/Plot Plan/Affidavit  
 Purchase       Other - Specify: \_\_\_\_\_

**Liens, Mortgages, and Other Debts to be Paid**

(1) \_\_\_\_\_ Account: \_\_\_\_\_  
(2) \_\_\_\_\_ Account: \_\_\_\_\_  
(3) \_\_\_\_\_ Account: \_\_\_\_\_  
(4) \_\_\_\_\_ Account: \_\_\_\_\_

**Seller Information**

Seller 1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_

Seller 2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_

**Realtor Information**

Listing Agent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_

Selling Agent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_

**Estimated Closing**

Estimated Closing Date: \_\_\_\_\_

**Special Instructions, Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_