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RESET

SUBMIT

To better serve you, please provide as much information as possible when placing your order.

Date: _____

Ordered by: _____

Company: _____

Phone: _____

Email: _____

Closing Date: _____

Type of Transaction:

Refinancing

Purchase

Foreclosure

Other: _____

Service Requested:

Continuation of Abstract

Preliminary Continuation

Final Continuation

Other: _____

Stub Abstract

Root of Title/New Abstract

Title Report

Fax delivery

Mail delivery

Email delivery address:

Form 900/901 Title Report (Title Guaranty)

Fax delivery

Mail delivery

Email delivery address:

Custom Order: _____

Titleholder(s):

Buyer(s):

Buyer Search: YES

NO

Legal Description:

Property Address:

Closing Agent: _____

Address: _____

Address: _____

Phone: _____

Fax: _____

Contact person: _____

Real Estate Company: _____

Address: _____

Address: _____

Phone: _____

Fax: _____

Contact person: _____

Lender: _____

Address: _____

Address: _____

Phone: _____

Fax: _____

Contact person: _____

Email: _____

Law Firm: _____

Address: _____

Address: _____

Phone: _____

Fax: _____

Contact person: _____

Email: _____

Deliver to:

Law Firm

Real Estate Company

Lender

Closing Agent

Other:

Bill to:

Law Firm

Real Estate Company

Lender

Closing Agent

Other:

Other Instructions:

Filing Instructions

Payment enclosed for:

Transfer Taxes (Rev. Stamps) \$ _____

Filing Fees \$ _____

Taxes \$ _____

Abstracting Fees \$ _____

Other _____ \$ _____

Other _____ \$ _____

Upon Filing Notify: _____

Phone: _____

Hold Final Abstracting for Release of:

Mortgage as Inst. No. _____

Mortgage as Inst. No. _____

Mortgage as Inst. No. _____

Other: _____

Other: _____