

**ACTION TITLE INC. – TITLE INSURANCE ORDER**  
**Phone 218 547 2970 Fax 218 547 6252**  
**320 Railroad Ave.**  
**P O Box 953**  
**Walker, MN. 56484**

Date:	Your Ref. #, if any:
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Ordered by:	Phone #:	Fax #:
Attn:	E-mail :	
Insured Lender Name:		

Lender's Policy Amt.:	Owner's Policy Amt.:
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Do you wish us to close transaction?	Anticipated closing date:
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County:
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Construction loan?	<b>If we are closing a purchase, we will need a copy of the purchase agreement and information for seller, or name of seller's real estate agent:</b>
Refinance?	
Purchase?	

**SELECT ENDORSEMENTS BELOW:**

Adjustable Rate Endorsement:
Balloon Endorsement:
ALTA 22 Plat Drawing :
ALTA 8.1 (Environmental Protection Lien Endorsement):
ALTA 9(Comprehensive Endorsement):
Mobile Home Endorsement:
PUD Endorsement:

<b>Reissue from existing policy?</b>	<b>If yes, please provide a copy of existing policy.</b>
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**BORROWER INFORMATION:**

Name:			
First	Middle Initial	Last	Marital Status

Name:			
First	Middle Initial	Last	Marital Status

Street Address
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City/State	Phone No.:
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If Plat Drawing is requested, please provide directions to property, if known:
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**The following evidence of title is provided:**

Abstract Enclosed:
Torrens Certificate Number:
Parcel ID #:
Legal description attached:

**Please fax to 218 547 6252 or E-mail to [actiontitle@arvig.net](mailto:actiontitle@arvig.net)**