



Capital Title Insurance Company, L.C.

4821 W. 6th St. Suite O, Lawrence, KS 66409 Phone: 785-856-2900 Fax: 785-856-9229

Confirmation Request For Title Insurance

Name: _____ Date: _____

Company: _____

Address: _____

Phone Number: _____

Fax: _____

Seller # 1: _____

Seller # 2: _____

Lender: _____

Property Address: _____

City: _____

County: _____

Legal Description: _____

Known Existing Liens: _____

Previous Title Evidence: _____

Closing Date: _____

Selling Agent: _____

Company: _____

Address: _____

Listing Agent: _____

Company: _____

Address: _____

Additional Instructions: _____

- Type of Order:
- Sale:
 - 1st Mortgage:
 - 2nd Mortgage:
 - Refinance:
 - Certificate:

SS#: _____

SS#: _____

Owners
Policy Amount: _____

Lenders
Policy Amount: _____

If this is a sale; please fax a sales contract to us at 785-856-9229