

Request for Title Insurance & Closing Information

Ordered By:	Previous File #:	
Company:	Name:	
Phone:	_ Email:	
Sellers:		
Address:		
Phone:	_ Email:	
Listing Agent:	Agent Phone:	
Buyers:		
Address:		
Phone:	_ Email:	
Selling Agent:	Agent Phone:	
Cash New Loan New Construction	1031 Exchange Mob	ile Home w/Lien or have Title
Sales Price: \$ Earnest Money: \$	Held B	y:
Realtor Commission: Listing Side Sel	lling Side	_ Sales Tax%
Transaction/Compliance Fee: From Seller \$	From Buyer \$	
Referral Commission: YES NO		
If Yes – Office Name/Address: SoDak Title Closing Fee Paid By: Seller Buy		
Survey: Existing Attached New Survey to be		By: Seller Buyer
Warranty Deed:		
□ SoDak Title to Order - Please Complete & Attach	Seller/Buyer Deed Info Shee	ets
Listing Office to Order - Attorney:		Cost \$
Homeowners Association Information: HOA Fee: \$		Annual Monthly
HOA Contact Name/Phone:		
Special Instructions/Additional Fees/Unpaid Bills to Pay a	at Closing:	

Phone: 605-717-1000 www.SoDakTitle.com September - 2022