

Abstracts • Real Estate Closings • Title Insurance

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## **ORDER FORM**

DATE:						
ORDERED BY:						
			FAX #:			
EMAIL:						
Owner(s) Or Prope						
Property to be Sea	rched: Count	/				
Lot #:		Block #:		Subdivis	son:	
BRIEF LEGAL DESCR	IPTION: (Sect	ion-Township-Ra	nge)			
BILLING INFORMAT	ION (respons	ible party for pay	ment)			
NAME:						
ADDRESS:						
PHONE #:			FAX#:			
DELIVER TO:	CA Closing/Ti	tle Insurance	Same as Billing	Call When Ready	☐ Attornev Named	d Below
				,		
Address:						
Seller's Realtor						
Buyer's Realtor						
Is WCA Closing?	☐ Yes	□ No	Requested Clo	osing Date:		
Title Policy: 🗆 L	enders A	mount \$	□ Owners	Amount: \$		
•						-
Insured Lender:						
Insured Owner:						
_						
TITLE SEARCH REPO	RT (if not abs	tracting):				
From Date:	To Date:					