



Investors Title Insurance Company

P.O. Drawer 2687
Chapel Hill, North Carolina 27515-2687
(919) 968-2200 (800) 326-4842 Fax: (919) 968-2235

Local Office:

Virginia Title Center, LLC
3959 Electric Road, Suite 465
P.O. Box 21857
Roanoke, VA 24018
Phone: (540) 772-0585 / (800) 468-5811
Fax: (540) 772-0639

EZ APPLICATION

(To be submitted with prior policy information ONLY)

The undersigned hereby certifies to Investors Title Insurance Company that this opinion is based upon personal examination of all public records affecting the title to real estate described herein, and the search period was from the effective date of the prior policy OR the date to begin search specified on the back title letter to _____ at _____ m.

**Provide ITIC Prior Policy # _____ OR attach copy of back title letter,
OR attach copy of prior policy WITH legal description,**

- Secured instrument previously insured in Schedule A will be: released/cancelled Subordinated Remain of record
- Describe which matters shown in Schedule B of the prior policy are (or will be) eliminated or subordinated:
- Describe additional easements, liens, deeds of trust, objections or defects:
- Taxes have been paid through and including those for the year: _____
- Mobile/manufactured home located on property: Yes No If yes, list any liens, other than the lien of the insured mortgage, which appear on the mobile home title:
- Property is occupied by: Owner Tenant (Provide lease information, if applicable) Unimproved
- Statutory lien period: Expired Not expired Unknown
- Insurance as to matters of survey required: Lender Owner
- Use of property: One-to-four family residential Commercial Other: _____
- Property address: _____
- Title is vested as shown in Schedule A of prior policy OR, if different: _____
Type of title: Fee Simple Leasehold Life Estate (identify: _____)
Purchaser/Owner: _____
Purchase Price: \$ _____ If Owner's policy desired, enter policy amount: \$ _____
Mortgagee/Lender name: _____
Type of Loan: FHA VA Conventional Temporary Construction Permanent Construction
Loan: \$ _____ Variable Loan Coverage: \$ _____
ALTA Endorsement(s) required: _____ Lender Loan # _____ Issue ALTA Short Form

Send Original Commitment to (if applicable):

SKIP THIS SECTION IF REQUESTING A COMMITMENT

FINAL POLICY APPLICATION

Nature of Instrument: Warranty Deed (OR _____)
Dated _____, recorded _____, at _____ m., in _____ Book _____ at Page _____ in _____
County (or _____) State of _____.

Nature of Instrument: Deed of Trust (OR _____)
Mortgagor, if different from Purchaser/Owner _____, Trustee _____, Dated
_____, recorded _____ at _____ m. in _____ Book _____ at Page _____ in
_____ County (or _____) State of _____.

Enter any re-recording information: _____
Send Original Mortgagee Policy to: _____
Send Original Owner's Policy to: _____

Additional Comments:

Approved Attorney's Signature

Member of Firm: _____
Address: _____

Telephone: _____

Fax: _____