

THE MID-KANSAS TITLE CO., INC.

Abstracts of Title - Closings - Title Insurance

217 North Santa Fe Ave. • Salina, Kansas 67401

Telephone (785) 823-3759 • Fax (785) 823-2946

Escrow Officer: Sandra M. Weis

PLEASE NOTE THE FOLLOWING INFORMATION IS NEEDED TO COMPLETE THE PROCESSING OF YOUR ESCROW:

Client Information: Buyer

*Name: _____ *Single or Married

*Spouse Name: _____

*Current Address: _____

*Phone: _____ Home Cell Work

*Spouse Phone: _____ Home Cell Work

*Email: _____ *Spouse Email: _____

*If applicable, Buyers will take title as: Joint Tenancy Tenants In Common

Client Information: Seller

*Name: _____ *Single or Married

*Spouse Name: _____

*Current Address: _____

*Phone: _____ Home Cell Work

*Spouse Phone: _____ Home Cell Work

*Email: _____ *Spouse Email: _____

COMMISSION DUE FROM SELLER _____ % or \$ _____

TO BE SPLIT AS FOLLOWS:

* _____ % or \$ _____ TO SELLER BROKER

* _____ % or \$ _____ TO BUYER BROKER

***REQUIRED INFORMATION**

Please also advise of any processing, transaction or other fees: _____

Additional Info: _____

I look forward to working with you. Please contact me if you have any questions or special requests.

PLEASE EMAIL OR FAX COMPLETED FORM BACK TO TERRIR@MIDKANSASTITLE.COM OR 785-823-2946 ASAP!

THANK YOU FOR YOUR ORDER!