



202 Highway 18 North,  
East Brunswick, NJ 08816-1409  
email: info@eastcoasttitle.com  
phone: 732-828-6500  
fax: 732-249-2635

DATE: \_\_\_\_\_ ATTORNEY: \_\_\_\_\_ YOUR FILE NO \_\_\_\_\_

Attorney Address: \_\_\_\_\_

Attorney Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

RECORD OWNER/SELLER: \_\_\_\_\_

PURCHASER/MORTGAGOR: \_\_\_\_\_

Civil Union \_\_\_\_\_ Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Purchaser's Mailing Address: \_\_\_\_\_

**SUBJECT PROPERTY ADDRESS:** \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax Map Lot: \_\_\_\_\_ Tax Map Block: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Mortgage Amount: \$ \_\_\_\_\_

NAME OF LENDER: \_\_\_\_\_

**\*\* KINDLY PROVIDE COPY OF LOAN COMMITMENT AS SOON AS POSSIBLE \*\***

Address of Lender for Closing Service Letter: \_\_\_\_\_

\_\_\_\_\_ Lender Email \_\_\_\_\_

FIXED RATE [ ] ADJUSTABLE RATE [ ]

**ENDORSEMENTS REQUIRED:** [ ] Variable Rate 6.0 [ ] Variable Rate 6.2 Negative Amortization

[ ] Secondary Mortgage Market Endorsement [ ] OTHER: \_\_\_\_\_

SURVEY INSTRUCTIONS: [ ] Attorney to provide [ ] East Coast Title to Order Stakes ? [ ] Yes [ ] No

[ ] Affidavit of No Change

FLOOD CERTIFICATE: [ ] Yes [ ] No [ ] Need Life of Loan Please provide Term of Loan: \_\_\_\_\_

If payoff letter required, please provide Name of Lender, Address of Lender, Social Security Number of Primary Mortgagor and Loan Number.

**SELLER'S ATTORNEY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

BACK TITLE: If possible, please provide a copy of Seller's Owner's Policy, Deed and Survey (if using Affidavit of No Change).

If available, please provide Record Owner Deed Book No.: \_\_\_\_\_ Page: \_\_\_\_\_

**DATE TITLE COMMITMENT NEEDED IN YOUR HANDS:** \_\_\_\_\_

If you require us to send title commitment direct to Lender, please provide Email Address \_\_\_\_\_

or Federal Express Delivery Address: \_\_\_\_\_