



Watson Title Services, Inc.

1435 W SR 434 SUITE 109, LONGWOOD, FL 32750
Phone: 407-645-1310 Fax: 407-645-3041

Listing Preliminary Title Search

Listing Date: _____ Length of Listing: _____

Agents Name and Branch: _____

Property Street Address _____

City _____ Zip Code _____ County _____

Legal Desc. _____

Parcel ID# _____

Seller(s) Name _____ SS/ITIN#: _____

Marital Status: (S) (M) (D) (W) U.S Citizen: (Y) (N)

Seller(s) Name _____ SS/ITIN#: _____

Marital Status: (S) (M) (D) (W) U.S Citizen: (Y) (N)

Owner Occupied: (Y) (N) Seller Email _____ Ph# _____

Are Any Sellers Currently Listed on Title To The Property-Deceased? (Y) (N)

If Yes, Name: _____

Existing Mortgage(s) (Name of Lender, Loan #, And Phone Number)

Mortgage Co. _____ Loan# _____

Mortgage Co. _____ Loan# _____

HOA CONTACT: Name: _____ Ph/Email: _____

The undersigned seller(s) hereby authorize Watson Title Services, Inc. to perform a preliminary title search on their property. The information obtained from this search will give the seller(s) a report showing all open mortgage(s), liens, judgments, etc. recorded in the Public Records against their property.

Seller(s) hereby authorize their mortgage company, HOA company and affiliated HOA attorney (if applicable) to release payoff information to Watson Title Services, Inc. for this real estate transaction.

(Seller) (Date) (Seller) (Date)

Attention: _____