MAHASKA TITLE - JOHNSON ABSTRACT

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New Order# Date Received: # of Parts: Order Type:			Closing Date: Previous Order #:			
			Certificate of Title Updated Certificate of Title Report of Liens Form 900 Form 901 Misc			tle
Customer/Charge to:	Name		Phone #	Address		
Received From:	Name		Phone #	Address		
Owner / Seller:	First	Middle	Last		DOB	Last 4 SS#
	First	Middle	Last		DOB	Last 4 SS#
Buyer: (Taking title as)		Middle	Last		DOB	Last 4 SS#
	First	Middle	Last		DOB	Last 4 SS#
Realtor:	(Buyer)	(Seller)				
Lender:						
			_		•	:h: Yes No
Legal Description:						
Received Rv			Date:		Pts Out	

IF THIS ABSTRACT IS RECEIVED BY MAIL, PLEASE SIGN AND RETURN RECEIPT TO MAHASKA TITLE - JOHNSON ABSTRACT CO. BY EMAIL TO: cslobe@mtja.net OR BY FAX TO 641-673-9224