

MICHIGAN TITLE INSURANCE AGENCY, INC.

Phone No: (313) 291-2323 closing@michigantitle.com Fax No: (313) 291-0058

BROKER DEMAND

File No. 32-_____ Property Address:_____ Zip Code:_____

(NOTE: MELVINDALE & DEARBORN = C of O IS MANDATORY!)

Closing Date:_____ Closing Time:_____

Place: Broker's Office Michigan Title Other:_____

Listing Broker:_____ Selling Broker:_____

Address:_____ Address:_____

Agent:_____ Ph#_____ Agent:_____ Ph#_____

EMAIL ADDRESS:_____ EMAIL ADDRESS:_____

PURCHASER'S INFORMATION:

1. Are Purchaser's Name(s) Correct on Title Work? YES NO
(If NO, please give correction:_____)

Purchaser's Address:_____

Is Purchaser: Single Married (Check One)

2. If NOT married, Purchasers will take title as: Joint Tenants Tenants in Common (Check One)

3. Purchaser's Mortgage Company:_____ Phone #:_____

SELLER'S INFORMATION:

1. Are Seller's Name(s) Correct on Title Work? YES NO
(If NO, please give correction:_____)

Social Sec. # _____ for _____ Social Sec. # _____ for _____

Seller's Address, if different than Property:_____

2. Is any Seller Deceased? NO YES (If yes, name deceased _____)

3. Are the Sellers Divorced? NO YES 4. Is Seller Single? NO YES

4. Is there a Home Warranty? NO YES \$ _____ Charge to: Seller Buyer Agent to pay

*****Make Home Warranty Check Payable to:_____

5. Administrative/Processing/Compliance Fee: \$ _____ to: _____
Charge to: Seller Buyer

6. Occupancy Escrow: If based upon "New Monthly Payment" (according to terms of the Purchase Agreement), Please indicate what is to be included:

1st Mortgage (P&I) 2nd Mortgage (P&I) Taxes Insurance Association Dues (check all that apply)

7. Sale Price: \$ _____ Verified Deposit: \$ _____ Held By: _____

Commission _____ % Split: Listing Office _____ % = amount \$ _____
Selling Office _____ % = amount \$ _____

Commission based on \$ _____ (net sales price after concessions, if applicable)

8. Power of Attorney: (Atty. In Fact) _____
(NOTE: Must be approved prior to closing, Please attach copy for examining)

9. Tenant in Property: YES NO (NOTE: Please attach Tenant Info. Sheet-available from Michigan Title)

SPECIAL INSTRUCTIONS: (Include any additional costs to Purchaser or Seller)

CONDOMINIUM INFORMATION: Assoc. Dues \$ _____ Assoc. Phone # _____
(Condo Association Letter showing no assessments and a Certificate of Insurance will be needed to close)

ITEMS ENCLOSED: (Please keep copies for your records)

Purchase Agreement Tenant Information Seller's Disclosure
 Addendums Payoff/Assump. Letter
 Certificate of Occupancy Death Certificate _____

PACKAGES TO BE DELIVERED IN ADDITION TO AGENTS:

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____