

STEWART TITLE®

REQUEST FOR (INDEMNITY, BENEFIT) LETTER

Date: _____

From: Agent: _____
Address: _____

Phone: _____
Fax: _____

To: **STEWART TITLE**
Please issue to (check one below
and fill in additional info to right):

Copy to other Company agent/branch:
ATT: _____
Co.: _____
Addr.: _____

Phone _____ Fax _____

- CHICAGO TITLE INSURANCE COMPANY
- COMMONWEALTH LAND TITLE INSURANCE COMPANY
- FIDELITY NATIONAL TITLE INSURANCE COMPANY OF N.Y.
- FIRST AMERICAN TITLE INSURANCE COMPANY OF NEW YORK
- LAWYERS TITLE INSURANCE CORPORATION
- MONROE TITLE INSURANCE CORPORATION
- NATIONS TITLE INSURANCE COMPANY

- NORTHEAST INVESTORS TITLE INSURANCE COMPANY
- OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
- WASHINGTON TITLE INSURANCE COMPANY
- UNITED GENERAL TITLE INSURANCE COMPANY
- TICOR TITLE INSURANCE COMPANY
- _____

Re: Stewart Policy No. _____
Agent Title No. _____

Property Address: _____

Other Title No. _____
Other Agent No. _____

Type of letter requested (subject to underwriter approval):

- STRAIGHT LETTER
- INSURE AGAINST COLLECTION LETTER

- ESCROW BENEFIT LETTER
amount held \$ _____
held by: agent
 STEWART

NOTE: a copy of Escrow Agreement must be attached with *statement of present BALANCE*

- FORECLOSURE HAPPY LETTER
address to: _____

- MORTGAGE ONLY LETTER*
 - sat not received
 - sat received but not recorded

- PERFORMANCE LETTER*
- CONDITIONAL PERFORMANCE LETTER*

*For Mortgage Only or Performance type letters:

Date of PAYOFF: _____
Type of Discharge: Satisfaction
 Partial Release

Exception(s) (check below or use a separate sheet):

- Federal Tax Lien
- NYS Tax Warrant
- Judgment in favor of _____
against _____
amount \$ _____ docketed ____/____/____

- Parking Violation Judgments
- Environmental Control Board Liens
- Transit Adjudication Bureau Liens
against _____
against _____ which
predate our policy, if any

- Proof of death
- Proof of death, and heirship
- Proof of death and marital status
of _____
of _____

- Possible Federal
- Possible New York State
Estate Taxes on Estate of _____
on Estate of _____

- New York State Franchise Taxes
- NYS License fees
- New York City Corporate Taxes
for _____ to ____/____/____
for _____ to ____/____/____

- Mortgage in (Liber) (Reel) _____ (p.)
held by _____

- Mortgage in (Liber) (Reel) _____ (p.)
held by _____
- OTHER _____

Copies of additional documentation follows, including payoff letters, transmittals, requests for clearance and other relevant data.

SIGNED: _____