

**REQUEST FOR SETTLEMENT SERVICES FROM  
MIDSTATE ABSTRACT COMPANY**  
2331 Market Street, Camp Hill, PA 17011-4642  
Telephone (717) 909-6949/Fax (717) 763-1907  
MidstateAbstract@ReagerAdlerPC.com

I would like Midstate Abstract Company to handle the following settlement arrangements for:

SELLERS \_\_\_\_\_

BUYERS \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

ESTIMATED SETTLEMENT DATE: \_\_\_\_\_ PURCHASE PRICE: \$\_\_\_\_\_

LISTING AGENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Phone Fax

COMPANY: \_\_\_\_\_

SELLING AGENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Phone Fax

COMPANY: \_\_\_\_\_

LENDER: \_\_\_\_\_

Attached are copies of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Sales Contract         | <input type="checkbox"/> Taxes Receipts (County/School) |
| <input type="checkbox"/> Copy of Deed           | <input type="checkbox"/> Sellers Cost Sheet             |
| <input type="checkbox"/> Mortgage Authorization | <input type="checkbox"/> Buyers Cost Sheet              |

I am requesting you to provide:

- |   |   |
|---|---|
| <input type="checkbox"/> New Deed         | <input type="checkbox"/> Mortgage Payoff(s) |
| <input type="checkbox"/> Tax Receipts     | Lender(s): _____                            |
| <input type="checkbox"/> Settlement Sheet | _____                                       |
| <input type="checkbox"/> Title Policy     | _____                                       |

I will arrange for the following certifications:

- |   | Date Ordered |   | Date Ordered |
|---|--------------|---|--------------|
| <input type="checkbox"/> Termite              | _____        | <input type="checkbox"/> Survey                 | _____        |
| <input type="checkbox"/> Water                | _____        | <input type="checkbox"/> Roof                   | _____        |
| <input type="checkbox"/> Septic               | _____        | <input type="checkbox"/> Radon                  | _____        |
| <input type="checkbox"/> City Sheet           | _____        | <input type="checkbox"/> Lien Certificate       | _____        |
| <input type="checkbox"/> Occupancy Permit     | _____        | <input type="checkbox"/> Home Warranty          | _____        |
| <input type="checkbox"/> Stipulation v. Liens | _____        | <input type="checkbox"/> Whole House Inspection | _____        |

By: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_