



# CENTENNIAL ABSTRACT

COMPANY, INC.

**PO Box 2133 ~ Plattsburgh, NY 12901**  
Phone (518) 563-7418 ~ Fax (518) 561-3034

**PO Box 702 ~ Malone, NY 12953**  
Phone (518) 483-3994 ~ Fax (518) 481-6927

File No. \_\_\_\_\_

Date: \_\_\_\_\_

- Title Insurance
- Last Owner Search
- Stub Search:

- 40 Year Abstract
- Date Needed: \_\_\_\_\_
- Proposed Settlement: \_\_\_\_\_

Reference: Deed / Mortgage- Book: \_\_\_\_\_ Page: \_\_\_\_\_

Tax Map Re. Section: \_\_\_\_\_ Blk: \_\_\_\_\_ Lot: \_\_\_\_\_

Municipality: \_\_\_\_\_ School District: \_\_\_\_\_

Street Address: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Maiden Name *(if married less than ten years)* \_\_\_\_\_

Buyer: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow (er)

Buyer Address: \_\_\_\_\_

Sale Price: \$ \_\_\_\_\_ Mortgage Amount: \$ \_\_\_\_\_

Mortgagee: \_\_\_\_\_  Commitment Attached

Prior Title: Company: \_\_\_\_\_  Abstract / Policy Attached

Remarks: \_\_\_\_\_

Policy Type:  Mortgagee  Owner  Construction  Reissue  Simultaneous

Additional Requirements:  Franchise Tax  UCC  \_\_\_\_\_  \_\_\_\_\_

Notes: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Attn: \_\_\_\_\_

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

IF THIS IS A REFINANCE AND YOU HAVE EXISTING BACK TITLE WHICH IS LESS THAN 10 YEARS OLD  
YOU MAY QUALIFY FOR A REISSUE RATE. PLEASE NOTIFY CENTENNIAL ABSTRACT AND WE WILL  
PROVIDE YOU WITH THE REISSUE RATE.