

# **JUDICIAL TITLE INSURANCE**

ACRIS E-Forms are required for all conveyances (*including co-ops*) within the counties of Bronx, New York, Kings and Queens. Please complete the information below and fax to Judicial Title no sooner than 3 days prior to the date of closing.

Please fill in all the data requested below and be sure all names are spelled correctly and printed clearly.

**\*Please note a fee of \$150 will be added to your title bill for the creation of these forms and will be payable at the time of closing. If you will not be responsible for the payment of these forms, please indicate who the responsible party will be: \_\_\_\_\_**

*From:* \_\_\_\_\_

**To: Judicial Title Recording Department**

*Fax #:* \_\_\_\_\_

**Fax: 914-381-6785**

*E-Mail:* \_\_\_\_\_

**Title No.:** \_\_\_\_\_

**Property Info:**                      Borough: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

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

Property Type: \_\_\_\_\_

**Total Consideration:** \_\_\_\_\_

**Date of Conveyance:** \_\_\_\_\_

**Contract of Sale Date:** \_\_\_\_\_

**Condition of Transfer:** \_\_\_\_\_  
(ie: Fee interest, foreclosure, family transfer, etc.)

<b><u>Seller's Name(s)</u></b>	<b><u>Address(es) (after closing):</u></b>	<b><u>Social Security Numbers(s):</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b><u>Buyer's Name(s)</u></b>	<b><u>Address(es) (after closing):</u></b>	<b><u>Social Security Numbers(s):</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____