

# FULL PROPERTY SEARCH REQUEST

**Abstracts / Trustees of Texas      P.O. Box 9932      Austin, Texas 78766**

(512)340-0331 Fax (512)340-0226    Or Toll-Free (888)452-0331    Fax (888)452-3442

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**ATOT FILE #                                      ORDERED BY:                                      CLIENT'S FILE #**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ To: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

**Report Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Vol. \_\_\_\_\_ Pg. \_\_\_\_\_ Type of Doc. \_\_\_\_\_ Required Certification Date: \_\_\_\_\_ Deadline: \_\_\_\_\_ Update: yes / no

<u>Type of report requested:</u>	<u>Check for the Following:</u>	<u>Full Copies Requested:</u>	<u>Copies of Front, \$\$\$, Legal, Signature, and Recording Page</u>
___ Reg. Title Search	___ Tax ID #: _____	___ Vesting Deed	___ M & M Liens
___ Pre-Foreclosure	___ Land Value\$ _____	___ State Tax Liens	___ Assignments
___ Tax Certificates	___ Imp. Value\$ _____	___ Federal Tax Liens	___ Deed of Trust
___ Owner / Legal	___ Lot Size _____	___ Abstract of Judgment	___ Appointments
___ 1 Owner Forward	___ Amount Due/Paid \$ _____	___ <b>Tax Lien DT w/Affidavit</b>	___ All Pertinent Doc.s (Except those marked)

Check Bankruptcy (please provide the following):  
\_\_\_ Docket Sheet    \_\_\_ S.S.N.  
\_\_\_ Discharge No.    \_\_\_ Close Date

Notes: **PLEASE DO NOT START WITH A QUIT CLAIM DEED OR A SPOUSE-TO-SPOUSE DEED.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee: \$ \_\_\_\_\_

**9065 Jollyville Rd.    Suite 203A    Austin, Texas 78759**

TSOF