Castle Track

Chicago Title Mortgage Release Tracker Program

Agent: Address: City, State, Zip: Phone:	Fax:	Ago	ent ID#:
2. 2. Copy 3. 3. Copy Fees: CT: \$37 Release Tracking	artford, CT 06106 of payoff letter fr of payoff check. of transmittal lett Fee + \$22 Second Relea	rom Lender. er to lender. se of	HELOC: Yes No If yes, please provide notice to lender termination of agreement.
Please make checks made payable to Chicago Title Insurance Company. Information Required to Open a File:			
Agent File #:			
Property Address			
Date of Closing:			
Sellers: (Or if refinance Owner)			
Mortgagors: In this transaction we represented: (Seller) (Buyer Refi) (Buyer Purchase) Please provide Sellers Attorney Name and Phone # RELEASE TO BE EXECUTED BY: Last mortgagee of record (not servicer of loan):			
If release is received from any entity other than last mortgagee or assignee of record, the release will be considered invalid and section 7 of release tracking agreement shall apply. Section 7 CT: In the event that a Release is not received by CTIC within a reasonable time after dosing, Agent agrees to cooperate with CTIC in providing information, including a copy of the cancelled check representing the mortgage payoff, in order to enable CTIC to take steps necessary and to execute an Affidavit under Section 49-8a of the Connecticut General Statutes. There will be an additional charge to Agent of \$ 10.00, plus recording fees for the Affidavit, if an Affidavit becomes necessary. Section 7 RI: In the event that a Release is not received by CTIC within a reasonable time after closing, Agent agrees to cooperate with CTIC in providing information, including a copy of the cancelled check representing the mortgage payoff, in order to enable CTIC to take steps necessary and to execute an Affidavit under R.I.G.L. §34-26-8. There will be an additional charge to Agent of \$ 10.00, plus recording fees for the Affidavit, if an Affidavit becomes necessary. If said information is not provided to CTIC, then the obligations of CTIC under this agreement shall terminate. Recording Information for Original Mortgage:			
Volume:	Page:	Date:	Amt:

Questions on this release should be directed to Cathy Grandahl@ $\,$

860-651-6352 Fax: 860-658-0864