

Legal Services Request - P.O.A. Preparation Request

Order Forms for specific documents can be downloaded from our website: www.gregg-valby.com/forms.aspx

To Submit Digitally:

- Complete and save submission cover page
- Complete and save request form (if applicable)
- Save 1st page of 1003
- Email file to: legalreview@gregg-valby.com
- Order of attachments:
 - Legal Services Request
 - Order Form
 - 1st page of 1003
 - Complete Trust/P.O.A./etc.

To Submit Using Hard-Copies:

- Complete the submission cover page
- Complete Request Form (if applicable)
- Stack file:
 - Submission Cover Page
 - Order Form
 - 1st page of 1003
 - Complete Trust/P.O.A./etc.
- Fax to: 800-688-1809
Or
- Scan and save as an image file
- Email file to: legalreview@gregg-valby.com

G&V Client Name:

Phone #:

Loan #:

Email:

Contact:

Final Investor's Name:

Closing Date:

State of Closing:

Borrower's Name:

Property Address:

City:

State:

Zip:

Notes:

If you have any questions:

Call 800.688.1006 & Ask for Legal Production Department

or

Email: legal-production@gregg-valby.com

Date:

Accompanying the Order Form needs to be:

- Ernest Money Contract (*Purchase Only*)
 Title Commitment
-

Complete the following:

Grantor's Name:

*(Name of the person who will grant the authority to another to act as his or her agent pursuant to a Power of Attorney – written **exactly** as loan documents will be prepared)*

Grantor's Address:

City: State: Zip:

(Residing address of the grantor)

Agent's Name:

*(Name of the person who will be granted the authority to sign documents pursuant to a Power of Attorney – written **exactly** as loan documents will be prepared)*

Agent's Address:

City: State: Zip:

(Residing address of the authorized agent)

Relationship between Grantor and Agent:

Spouse Brother Sister Friend Other:

Power of Attorney will be executed in:

City : State: or Foreign Country:

Is the Grantor a member of the armed forces: Yes No

Loan Type: CONV FHA VA

Instructions for delivery of Power of Attorney:

- Email Address:
 Fax #:
 Mail
 Overnight P.O.A. (FedEx or UPS)
3rd Party Account # to be billed:

Recipient's Name:

Recipient's Address:

City: State: Zip:

Recipient's Phone #: