



**COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
Private Security Services Section**

P.O. Box 1300
Richmond, VA 23218

www.dcjs.virginia.gov/pss

Status Hotline
(804) 786-1132
1-(877)-9STATUS

TITLE CERTIFICATE REPORT

Important Information: This report must be completed by an insured title abstractor. This report is required for each real estate property filed with the Department of Criminal Services for the purposes of bail bonding.

Applicant Information:

DCJS ID # 99-	Last Name:	First Name:	MI:
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Legal Description of Property:

Current Legal Owner(s):

Tax Office Property Address:

Tax Assessment for the Year	Land \$:	Improvements: \$	Total: \$
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Lot:	Block:	Section:	Subdivision:	Plat Book:	Page:
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Deeds of Trust: *Please attach a copy of the first page ONLY of each deed of trust.*

Grantor:

Trustee(s):

Beneficiary:

Dated:

Other? (assignment, modification, subordination, substitute of trustees, etc):

Tenancy:(please check all that apply)	T/E <input type="checkbox"/>	J/T <input type="checkbox"/>	T/C <input type="checkbox"/>	Survivorship <input type="checkbox"/>
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Grantor:

Trustee(s):

Beneficiary:

Dated:

Other? (assignment, modification, subordination, substitute of trustees, etc):

Tenancy:(please check all that apply)	T/E <input type="checkbox"/>	J/T <input type="checkbox"/>	T/C <input type="checkbox"/>	Survivorship <input type="checkbox"/>
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Grantor:

Trustee(s):

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Dated:

Other? (assignment, modification, subordination, substitute of trustees, etc):

Tenancy:(please check all that apply)	T/E <input type="checkbox"/>	J/T <input type="checkbox"/>	T/C <input type="checkbox"/>	Survivorship <input type="checkbox"/>
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Judgments: (please use additional sheets if necessary)		
Plaintiff:		
Attorney:		
Defendant:		
Address:		
SSN#:	Entered:	Docketed:
Amount:	JB & P/Jud. No.:	
Plaintiff:		
Attorney:		
Defendant:		
Address:		
SSN#:	Entered:	Docketed:
Amount:	JB & P/Jud. No.:	
IRS Notices of Tax Lien: (please use additional sheets if necessary)		
Taxpayer:		
Address:		
SSN#:	Date Assessed:	Type of Return:
Amount:	JB & P/Jud. No.:	
Other (please use additional sheets if necessary)		
Title Abstractor: This section must be completed by an insured Title Abstractor:		
Name of Abstractor:		Company:
Telephone #	Date Completed:	<input type="checkbox"/> Please check here if problem with search and attach explanation
Signature:		

Please photocopy this form if additional space is needed.