

**TITLE INSURANCE ORDER FORM
POTTAWATOMIE COUNTY ABSTRACT COMPANY
Fax# 785-457-3612**

Please fill in blanks:

DATE OF ORDER: _____
DATE NEEDED BY: _____
DATE CLOSING: _____

ORDER REQUESTED BY: (Name) _____ (Institution) _____

ESCROW? (Name of Escrow) _____ to _____

REFINANCE? Yes/No **SECOND MORTGAGE?** Yes/No **CONSTRUCTION LOAN** Yes/No

OWNERS POLICY AMOUNT: \$ _____ (Purchase Price)

LOAN POLICY AMOUNT: \$ _____ (Amount of Mortgage)

DESCRIPTION OF PROPERTY: _____

ADDRESS OF PROPERTY: _____

PRESENT OWNERS: _____

PURCHASERS: _____

ENDORSEMENTS REQUESTED: (please check)

_____ -9 (comprehensive) _____ -PUD
_____ -8.1 (environmental) _____ -Survey coverage

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MEMO