

**TITLE INSURANCE ORDER FORM**

McCarthy Abstract Title & Escrow Co.  
PO Box 724 - 118 N 5th St.  
O'Neill, NE 68763

Phone: 402-336-2860  
Fax: 402-336-4489

Email orders to [cody@mccarthyabstract.com](mailto:cody@mccarthyabstract.com) or [tim@mccarthyabstract.com](mailto:tim@mccarthyabstract.com)

Date Ordered: \_\_\_\_\_

Seller: \_\_\_\_\_

Buyer: \_\_\_\_\_

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

Is McCarthy Abstract Closing: Yes:  No:

Real Estate Agent (if any): \_\_\_\_\_

Ordered By: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Sale Price: \_\_\_\_\_

Loan Amount: \_\_\_\_\_

Insured Lender: \_\_\_\_\_

Endorsements needed: \_\_\_\_\_

Type of Property: Residential:  Commercial:  Agricultural:

Closing Date: \_\_\_\_\_

Will there be a Survey: Yes:  No:

Abstracts or Previous Title work available: Yes:  No:

Please indicate if copies need to be sent to other interested parties.