FORM DS-1 (DFI-Rev.05/01/97)

DISCLOSURE STATEMENT CONTROLLED BUSINESS ARRANGEMENT

(By a Producer of Title Insurance Business or Associate thereof)

This Disclosure is made to: (Check one o	r both)	Seller/Ow	ner	Buy	er		
Seller(s)/Owner(s)							
[Print Name(s)]							
Buyer(s)							
[Print Name(s)]							
Regarding the Property located at:							
Street City			State	e	Ziţ	o Code	
Title Insurance Company, Title Insurance Agent, and/or Escrow	Agent:						
(Print Company Name)							
In connection with the property described above, the undersigne insurance company, title agent, and/or escrow agent to the above							
The undersigned producer has a financial interest in the above n has said financial interest and therefore, makes, or has made, the will be made in connection with the recommended title and/or es	e following esti	imate of the					
Only those charges which may be paid by the party(ies) to whadditional parties who choose to utilize services from the above services.							
* Owner's Title Polic	ey:	\$		_			
* Mortgage Title Poli	icy:			_			
Escrow or Closing Fee	e:			_			
Other Fees:				_			
Total Estimated Charg	ges:	\$					
*These estimated figures include all charges/services such as issuance of Policy(ies). These estimates may be revised if any lenders require special endorsements which extends their coverage	unusual circun						
You are not required to use	re frequently o	ther settleme	ent service	provide	rs availa	ble with sir	
The undersigned does hereby certify that the above	disclosure	was made	to the	above	named	party(ies)	on
Signature of Producer:							
ACKNOWLEDGMENT							
I/we have read this disclosure form and understand that							
Seller/Owner:	_ Date: _						
	Date: _						
Buyer:	_						
	Date:						

NOTE: PURSUANT TO SECTION 18.(b) OF THE TITLE INSURANCE ACT, THE TITLE INSURANCE COMPANY, INDEPENDENT ESCROWEE, OR TITLE INSURANCE AGENT SHALL MAINTAIN THIS DISCLOSURE FORM FOR A PERIOD OF 3 YEARS.