

## Verification of Examination of Title

---

Title agent performing examination of title: \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city, state, zip code)

Location of property subject to examination:  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city, state, zip code)

Date examination completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of examination: \_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city, state, zip code)

Title insurance policy number (if issued): \_\_\_\_\_

The undersigned hereby verifies the information stated herein is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Examiner