

Examination Location Affidavit

Title agent (person) performing examinations of title:

_____ (name)

_____ (address)

_____ (city, state, zip code)

Title Insurance Companies under Contract: _____

Name of Title Agency or Agent(s) for Which Title Searches are conducted:

_____ (name)

_____ (address)

_____ (city, state, zip code)

Location of title records:

_____ (address)

_____ (city, state, zip code)

Is set of records for the title search geographically indexed for each county? How many years for a continuous period of time?

County _____

_____ Yes

_____ No

How many years _____

County _____

_____ Yes

_____ No

How many years _____

County _____

_____ Yes

_____ No

How many years _____

County _____

_____ Yes

_____ No

How many years _____

If no, state reasons why for each no answer:

State of Missouri
County of _____

I, _____, an individual charged with conducting title searches for the (name of entity conducting the searches), first being duly sworn, do hereby on my oath state that the information contained in the above document relating to title searches is accurate and correct to the best of my knowledge. I, furthermore state on my oath that I have caused an original copy of this document to be filed with the Department of Insurance, Financial Institutions and Professional Registration and a copy of same to be displayed in the office of (name of entity conducting title search) in a conspicuous place for public view.

Signature of Examiner

(Print name of signature)

Subscribed and sworn to before me this ____ day of _____, 20___. I am commissioned as a notary public within the County of _____, State of Missouri, and my commission expires on: