AFFIDAVIT - UNINSURED DEED

NOTE: Must be notarized by a notary who is an EMPLOYEE of the title or escrow company

_____, of legal age, being first duly sworn, deposes and says that the following information and answers are true:

1. I am the person who executed and delivered the deed dated _____ to _____, grantee, recorded on _____ as Instrument No. _____, Official Records of _____ County, _____, conveying title to the following described real property (the "Property"):

2. Who is currently occupying the Property? _____.
3. What is the approximate value of the Property? $_____.
4. I received the following consideration for the deed: $_____ and/or other Property described as follows: _____.
5. If the deed was a gift or I otherwise received no consideration for it, the reason I gave the Property away is: _____.
6. I do not have an option to repurchase the Property, and I do not have any other present, future or contingent interest in the Property.
7. In the execution and delivery of said deed I was not acting under any misapprehension as to the effect thereof, and acted freely and voluntarily and not under coercion or duress.
8. This Affidavit is made for the protection and benefit of the grantee, the grantee's successors and assigns, and for all other parties hereafter dealing with or who may acquire an interest in the Property, and for the purpose of inducing _____ ("Title Company") to insure title to the Property. I know that Title Company will rely on this Affidavit and would not insure title without this Affidavit.

Dated: _____ _____

_____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, _____, by _____,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature_____