



Investors Title Insurance Company

P.O. Drawer 2687
Chapel Hill, North Carolina 27515-2687
(919) 968-2200 (800) 326-4842 Fax: (919) 968-2235

Local Agent:
Virginia Title Center, LLC
3959 Electric Road, Suite 465
P.O. Box 21857
Roanoke, VA 24018
Phone: (540) 772-0585 / (800) 468-5811
Fax: (540) 772-0639

FINAL CERTIFICATE FOR OWNER'S AND/OR MORTGAGEE POLICY

(To be furnished only when Commitment has not been issued. If Commitment has been issued, furnish Final Certificate made a part of Commitment)

The undersigned hereby certifies to Investors Title Insurance Company that it is his/her opinion that, subject only to the deed of trust, if any, set forth below and the liens, encumbrances, and other objections noted under Schedule B hereof, the marketable fee simple title to said real estate is, as of the date of this report, vested as stated below. This certification to Investors Title Insurance Company by the undersigned is based upon a personal examination of all public records affecting the title to real estate described in the attached Deed of Deed of Trust. Said personal examination covers a period of not less than forty (40) years last past unless indicated otherwise below. (Note – If title is not marketable, communicate by letter facts and law to the Company for ruling.)

SCHEDULE A

Fill in this section for Owner's or Leasehold Insurance

Title is vested in: _____
Nature of Instrument _____ Amount of owner's coverage: (not to exceed fair market value) \$ _____
Grantor(s) _____
Grantee(s) _____
Dated _____, recorded _____ at _____ m. in _____
Book _____, at Page _____ in _____ County (or _____) State of _____
Estate or interest of Grantee in this instrument is: Fee Simple _____ Leasehold _____ Life Estate _____ (identify, if appl: _____)
and, so far as known to the undersigned, said instrument was not given in contravention of the bankruptcy act.

Fill in this section for Mortgagee Insurance

Mortgagors or grantors _____
Nature of Instrument: Deed of Trust (OR _____) Trustee _____
Mortgagee/Beneficiary _____
Dated _____, recorded _____ at _____ m. in _____
Book _____, at Page _____ in _____ County (or _____) State of _____
to secure a principal amount of \$ _____ Variable Loan Coverage \$ _____
(enter any re-recording or assignment information:)

Type of Loan: FHA _____ VA _____ Conventional _____ Temporary Construction _____ Permanent Construction _____
ALTA Endorsement(s) required: _____

ATTACH COPY OF DESCRIPTION OR COPY OF DEED OR DEED OF TRUST SCHEDULE B

- TAXES AND SPECIAL ASSESSMENTS:** (a) Taxes have been paid through and including those for the year: _____
(a) Amount of taxes, special levies or assessments now due or payable in future installments: _____
- MORTGAGES, DEEDS OF TRUST AND VENDOR'S LIENS** – omit security instrument to be insured but show all others including those executed by owner insured. (Give complete data)
- ARE THERE ANY RESTRICTIVE COVENANTS AND CONDITIONS?** _____ [If yes, complete (a) through (c).]
(a) Recorded in Book _____ Page _____, front setback line of _____ feet, side setback line of _____ feet, side street setback line of _____ feet, rear setback line of _____ feet.
(b) Are restrictions violated? _____. If yes, explain: _____
(c) Do restrictions contain reversionary or forfeiture clause? _____
- DOES RECORDED PLAT OF SUBDIVISION SHOWS BUILDING SETBACK LINE(S)?** _____ If yes, give details: _____
- DOES LAND ABUT A PUBLICLY DEDICATED RIGHT OF WAY OR HAVE ACCESS THERETO OVER A VALID RECORDED EASEMENT?** _____
(List matters affecting title to land over which valid recorded easement is located: _____)
- UPDATING FROM PREVIOUS TITLE INSURANCE POLICY?** _____ If "yes", has a search of the public records been accomplished for such period of time within which judgments, liens or other matters could affect the property, regarding the owner(s) of the property on and after the date of said policy? _____ (yes/no) Prior Policy Information _____
- ARE THERE OTHER LIENS, OBJECTIONS, AND DEFECTS:** _____ (If yes, describe below)
- IS A MOBILE OR MANUFACTURED HOME LOCATED ON THE PROPERTY?** _____ If yes, do you request that the policy give affirmative coverage that the mobile or manufactured home is "real estate?" _____ If yes, a completed MANUFACTURED HOUSING AFFIDAVIT may be required to issue the final policy with said affirmative coverage.
- PROPERTY IS OCCUPIED BY:** Owner _____ Tenant _____ (Provide pertinent lease information, if applicable) or is Unimproved _____.
- STATUTORY LIEN PERIOD HAS:** Expired _____ Not expired _____ * Unknown _____ (*attach appropriate waiver.)
- IS INSURANCE AS TO MATTERS OF SURVEY REQUIRED FOR** Lender _____ Owner _____
- USE OF PROPERTY:** One-to-four family residential _____ Commercial _____ Other _____

The undersigned further certifies (a) that, so far as known to the undersigned, there is no dispute among attorneys of the local bar as to the validity of the title to the real estate covered by this report, and (b) that the title is in no way dependent upon the validity of a sale of the property for delinquent taxes or assessments.

*The title is certified from _____ at _____ m. to _____ at _____ m.
*This date should be the date you last examined the records for all matters affecting the estate or interest to be insured. Do not date your certificate as of a date subsequent to such examination since same will be construed to set forth all matters affecting the estate or interest to be insured AS OF ITS DATE and title policy issued accordingly.

Send Original Mortgagee Policy to: _____
Send Original Owner's Policy to: _____
Property Address: _____
Lender Loan #: _____

Additional Comments: _____

Approved Attorney's Signature _____
Member of Firm: _____
Address: _____
Telephone: _____
Fax: _____