



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

PRELIMINARY OPINION

(To be submitted prior to closing when a commitment is desired for closing.)

Current Owner(s): _____
Buyer(s) / Borrower(s): _____
Address of Property to be Insured: _____
County: _____ Purchase Price \$ _____ Owner's Coverage Amount \$ _____
Type of Owner's Policy Requested: Owner's Policy _____ Leasehold Owner's Policy _____ Other: _____
Type of Title: Fee Simple _____ Leasehold _____ Other: _____
Lender / Mortgagee Name: _____
Type of Loan: Conventional _____ FHA _____ VA _____ Temporary Construction _____ Permanent Construction _____
Lender Loan Number: _____ Loan Amount \$ _____ Variable Loan Coverage \$ _____
Type of Loan Policy Requested: ALTA Loan Policy _____ Short Form Policy _____ Leasehold Loan Policy _____ Other: _____
Insured Closing Letter Requested: Yes _____ No _____ ALTA Endorsement(s) Required: _____

ATTACH COPY OF DESCRIPTION or COPY OF DEED OR DEED OF TRUST/MORTGAGE

1. **TAXES AND SPECIAL ASSESSMENTS:**
 - (a) Taxes have been paid through and including those for the year: _____
 - (b) Amount of taxes, special levies or assessments now due or payable in future installments: _____
2. **MORTGAGES, DEEDS OF TRUST AND LIENS** – omit security instrument to be insured. Give complete information and indicate if lien is to be: cancelled _____, subordinated _____, remain of record _____, or released _____:
3. **ARE THERE RESTRICTIVE COVENANTS AND CONDITIONS?** Yes _____ No _____. [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? Yes _____ No _____. If yes, explain: _____
 - (c) Do restrictions contain reversionary or forfeiture clause? Yes _____ No _____.
4. **IF RECORDED PLAT OF SUBDIVISION SHOWS BUILDING SETBACK LINE(S), PROVIDE DETAILS:** front setback line of _____ feet, side setback line of _____ feet, side street setback line of _____ feet, rear setback line of _____ feet. Other matters shown on plat: _____.
5. **DOES LAND ABUT A PUBLICLY DEDICATED RIGHT OF WAY OR HAVE ACCESS THERETO OVER A VALID RECORDED EASEMENT?** Yes _____ No _____. List matters affecting title to land over which valid recorded easement is located: _____
6. **UPDATING FROM PREVIOUS TITLE INSURANCE POLICY?** Yes _____ No _____. Prior policy information: _____
7. **LIST ALL OTHER LIENS, OBJECTIONS, AND DEFECTS:**
8. **IS A MOBILE OR MANUFACTURED HOME LOCATED ON THE PROPERTY?** Yes _____ No _____. If yes, do you request that the policy give affirmative coverage that the mobile or manufactured home is "real estate?" Yes _____ No _____. If yes, a completed MANUFACTURED HOUSING AFFIDAVIT may be required to issue the final policy with said affirmative coverage.
9. **PROPERTY IS OCCUPIED BY:** Owner _____ Tenant _____ (Provide lease information, if applicable). Unimproved _____.
10. **HAS THE STATUTORY LIEN PERIOD:** Expired Not expired Unknown
11. **IS INSURANCE AS TO MATTERS OF SURVEY REQUIRED?** Lender _____ Owner _____
12. **USE OF PROPERTY:** One-to-four family residential _____ Commercial _____ Other: _____

CERTIFICATION

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 or Deed of Trust/Mortgage. Said personal examination covers a period of not less than forty (40) years unless indicated otherwise below. 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.

Send original Commitment to:

Additional Comments:

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

Telephone: _____
Fax: _____