## DISCLOSURE STATEMENT CONTROLLED BUSINESS ARRANGEMENT

(By a Producer of Title Insurance Business or Associate thereof)

This Disc	closure is made	to: (Check one or bot	h) Seller/0	Owner		Buyer				
	Selle	r(s)/Owner(s)								_
	[Prin	t Name(s)]								_
Buyer(s)										_
	[Prin	t Name(s)]								_
	Regarding the Property located at:									
	Street	City	State	Zip Code						_
For Title	Insurance Com	pany, Title Insurance	Agent, and	l/or Escrow Ager	it:					
(Print Co	mpany Name) _									_
		property described ab or escrow agent to the							e named title	e insurance
financial	interest and the	er has a financial interefore, makes, or hammended title and/or	as made, th	ne following esti	company/busing mate of the f	ness, or is a ees and cha	n associate o rges that are	f the party o known and	or entity which will !	ch has said be made in
		n may be paid by the vices from the above							ere are addition	onal parties
		* Owner's Title * Mortgage Title Escrow or Clos Other Fees: Total Estimate	e Policy: sing Fee:	 \$			<u>.</u>			
Policy(ie	s). These estim	es include all charg ates may be revised ands their coverage.								
as a cond	lition for, settle	se FIDELITY NATION on the services of your loan on similar services. You	, or purcha	se, sale, or refina	ince of, the su	ibject propei	rty. There are	e frequently	other settlem	nent service
The unde	ersigned does he	reby certify that the a	bove disclo	osure was made t	o the above na	amed party(i	es) on			
Signature	e of Producer: _			Date:						
I/we have described	l settlement serv	osure form and underrices from <b>FIDELIT</b> ral) and may receive a	Y NATION	NAL TITLE INS	SURANCE C	OMPANY a				
	Seller/Owner:				Date: _					
					Date: _					
	Buyer:				Date: _					
(NOTE:	DIIDCIIA	T TO SECTION	10 (b) 4	OF THE TIP	Date:	NCE ACT	THE TH	PIE INICIII	—— DANCE C	OMD A NIX
(HOIE:	FURSUA	AT TO SECTION	TO'(D)	OF THE IIII	LE LINSUKA	LICE ACI	., INC 11.	LLE INSUI	MAINCE C	JIMIT AIN I,

(NOTE: PURSUANT TO SECTION 18.(b) OF THE TITLE INSURANCE ACT, THE TITLE INSURANCE COMPANY, INDEPENDENT ESCROWEE, OR TITLE INSURANCE AGENT SHALL MAINTAIN THIS DISCLOSURE FORM FOR A PERIOD OF 3 YEARS.)