

mentioned title report.

7. My Social Security Number (SSN) is:

General Title Affidavit – Residential (Purchaser)

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DATE: TITLE NO:						
STATE OF) SS:					
COUNTY OF)					
		, each hereby swear and affirm as follows:				
1. That 1am the purchaser of t	the premises located at:					
which is covered by the above r	referenced title report (hereina	fter referred to as the "premises").				
. That 1have not been known by any other name during the past ten (10) years, except:						
3. That there are no judgme premises.	nts, federal tax liens, state t	ax warrants, municipal liens or claims against me or against the				
title report, are not against me,	but are against a person with	municipal liens and/or municipal judgments, in the above referenced h the same or similar name. That I have never resided at, nor done al tax liens, state tax warrants, municipal liens and/or municipal				
5. There are no Bankruptcy pr	roceedings instituted by or aga	ainst me in any court.				

That I have not made any mortgage affecting the premises, other than the mortgage(s) being insured under the above



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8.	I give this affidavit to induce		and	
			, a	and their successors and assigns, to
issı	ue their policy under title number		with full knowledge that such in	nsurers are relying upon the truth or
the	statements made herein. I further	r agree to indemnify	nd hold such insurers harmless from	m any loss, cost (including, but no
lim	ited to legal fees and expenses) or	damages which they	may incur due to reliance on the rep	resentations made herein.
Sw	orn to before me			
this	s day of	, 20		