## DISCLOSURE STATEMENT CONTROLLED BUSINESS ARRANGEMENT

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

This Disclosure is made to: (Check or	ne or both) Seller/Own	ner	Buyer	,		
Seller(s)/Owner(s)						
(Print Name(s	)))					
Buyer(s)						_
(Print Name(s)) Regarding the Property located at:						_
Street	City	State	Zip Code			
For Title Insurance Company, Title Ins	surance Agent, and/or Escrow Age	ent:				
(Print Company Name	e) First American Title					
In connection with the property descril agent, and/or escrow agent to the above					pove named title insurance comp	any, title
The undersigned producer has a finar interest and therefore, makes or has recommended title and/or escrow service.	nade, the following estimates of					
Only those charges which may be pa choose to utilize services from the abo						rties who
*Owner's Title Policy:		\$			<u></u>	
*Mortgage Title Policy:		\$				
Escrow or Closing Fee:		\$				
Other Fees:		\$				
		\$				
Total Estimated Charges:		\$				
*These estimated figures include all clestimates may be revised if any unusu their coverage.	harges/services such as title searc all circumstances occur. Unusual	h, title ex l risks ar	xamination, title e "insured over",	insurance premiums, and/or lenders requ	, and final issuance of Policy(ie aire special endorsements which	s). These
You are not required to use First Ame are frequently other settlement service services and the best rate for these services.	e providers available with similar					
The undersigned does hereby certify the	at the above disclosure was made	to the al	bove named party	v(ies) on		·
Signature of Producer: D			Date			
ACKNOWLEDGEMENT						
I/we have read this disclosure form and described settlement services from First	d understand that st American Title and may receive	e a financ	cial or other benef	(referring party) fit as a result of this	is referring me/us to purchase the referral.	ne above
Seller/Owner:				Date:		
				Date:		
Buyer:				Date:		
				Date:		

(NOTE: PERSUANT 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.)