

EXCEPTION SHEET

CLOSING DATE: _____ SEARCH PERIOD: _____ a.m./p.m.

BUYER/INSURED: _____

SELLER: _____

ADDRESS: _____

BRIEF DESCRIPTION: _____

USE OF PROPERTY: COMMERCIAL ___ RESIDENTIAL ___ OTHER ___

COVERAGE AMOUNT: _____

DEED REFERENCE: BOOK _____ PAGE _____ (Copies Attached)

DEEDS OF TRUST OF RECORD: (Copies Attached)

TO: _____ Trustee: _____

Date: _____ Book _____ Page _____ Amt: _____

Circle one: Pay? Remain? Subordinate?)

TO: _____ Trustee: _____

Date: _____ Book _____ Page _____ Amt: _____

Circle one: Pay? Remain? Subordinate?)

TO: _____ Trustee: _____

Date: _____ Book _____ Page _____ Amt: _____

Circle one: Pay? Remain? Subordinate?)

RESTRICTIVE COVENANTS:

Book _____ Page _____; Book _____ Page _____;

Book _____ Page _____; Book _____ Page _____;

Book _____ Page _____; Book _____ Page _____;

Setbacks: Front: _____ Side: _____ Interior: _____ Rear: _____ Other: _____

PLAT OR MAP: Book: _____ Page: _____

Setbacks: Front: _____ Side: _____ Interior: _____ Rear: _____

Other easements per map: _____

Access to Public Right of Way: Yes [] No [].

Direct []; or over a private easement [] If over a private easement, has a search been make of adjoining property on which easement crosses? Yes [] No []

EASEMENTS OR OTHER DEFECTS & UCCS: _____

LIEN PERIOD EXPIRED: HAS / HAS NOT EXPIRED

MOBILE HOME LOCATED ON PROPERTY? _____

TAXES PAID THRU: _____ TAXES NOW DUE & PAYABLE: _____

ASSESSMENTS DUE OR PAYABLE IN FUTURE INSTALLMENTS: _____

PRIOR POLICY: Company _____ Policy # _____

*PLEASE ATTACH CLERK'S SHEET AND/OR ESTATE SHEET IF APPLICABLE