



# SOUTH ATLANTIC LAND TITLE, INC.

112 W. 5<sup>TH</sup> STREET, P.O. BOX 656, LUMBERTON, NC 28359

TEL: 910-272-0950 FAX: 910-671-0093 EMAIL: MAIL@SALTI-NC.COM

## Lawyers Title Insurance Corporation

### FINAL OPINION ON TITLE – Short Form

(Use this form when updating from a prior policy.)

This is to certify title to the following through the recording time of the Deed(s) and/or Deed(s) of Trust identified below, whichever is later and if the Deed(s) or Deed(s) of Trust was/were re-recorded or assigned, then certified through the re-recording or assignment date and time:

Estate Interest: FEE SIMPLE title to the land described in Schedule A of the prior policy.

Property vested in the named Grantee of the deed below or: \_\_\_\_\_

If using current SALTI/Lawyers Title Insurance Corporation policy, please provide # \_\_\_\_\_

If using another company's policy, please attach copy of that title policy.

Has a search of the public records been accomplished for such period of time within which judgments, liens or other matters could affect the property, regarding the owner(s) of the property on and after the date of said policy? Yes  No , search period was limited from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ o'clock \_\_\_M.

All matters shown in Schedules A and B of the prior policy remain in effect except: \_\_\_\_\_

Additional easements, liens, deeds of trust, objectives or defects subsequent to effective date of prior policy, not shown below: \_\_\_\_\_

STATUTORY LIEN PERIOD HAS EXPIRED: Yes  No  (If no, attach appropriate lien waiver.)

AD VALOREM TAXES ARE PAID THROUGH AND INCLUDING THOSE FOR THE YEAR: 20\_\_

Mobile Home: No ; or Declaration of Intent  or MVR-46g , recorded in Book \_\_\_\_\_, Page \_\_\_\_\_.

#### TRANSACTION RECORDING INFORMATION: (Please attach first page of each document)

**Warranty or \_\_\_\_\_ Deed**, in consideration of \$ \_\_\_\_\_, from:

Grantor \_\_\_\_\_, to:

Grantee \_\_\_\_\_

Dated \_\_\_/\_\_\_/\_\_\_, filed for record \_\_\_/\_\_\_/\_\_\_, at \_\_\_:\_\_\_ o'clock \_\_\_M., and recorded in Book \_\_\_\_\_, Page \_\_\_\_\_, in the records of \_\_\_\_\_ County, State of North Carolina.

**Deed of Trust** in principal amount of \$ \_\_\_\_\_, from \_\_\_\_\_, to \_\_\_\_\_, Trustee, for \_\_\_\_\_,

Beneficiary, dated \_\_\_/\_\_\_/\_\_\_, filed for record \_\_\_/\_\_\_/\_\_\_, at \_\_\_:\_\_\_ o'clock \_\_\_M., and recorded in Book \_\_\_\_\_, Page \_\_\_\_\_, in the records of \_\_\_\_\_ County, State of North Carolina.

The Deed of Trust identified above is a valid \_\_\_\_\_ lien on the property.

**Assignment** to \_\_\_\_\_, dated \_\_\_/\_\_\_/\_\_\_, filed for record on \_\_\_/\_\_\_/\_\_\_, at \_\_\_:\_\_\_ o'clock \_\_\_M., and recorded in Book \_\_\_\_\_, Page \_\_\_\_\_.

**Deed of Trust (2<sup>nd</sup>)** in principal amount of \$ \_\_\_\_\_, from \_\_\_\_\_, to \_\_\_\_\_, Trustee, for \_\_\_\_\_,

Beneficiary, dated \_\_\_/\_\_\_/\_\_\_, filed for record \_\_\_/\_\_\_/\_\_\_, at \_\_\_:\_\_\_ o'clock \_\_\_M., and recorded in Book \_\_\_\_\_, Page \_\_\_\_\_, in the records of \_\_\_\_\_ County, State of North Carolina.

The Deed of Trust identified above is a valid \_\_\_\_\_ lien on the property.

**Assignment** to \_\_\_\_\_, dated \_\_\_/\_\_\_/\_\_\_, filed for record on \_\_\_/\_\_\_/\_\_\_, at \_\_\_:\_\_\_ o'clock \_\_\_M., and recorded in Book \_\_\_\_\_, Page \_\_\_\_\_.

#### Title Insurance Application

1. Owner's Insurance: \$ \_\_\_\_\_ (purchase price/value)

a) Insured: \_\_\_\_\_

b) Use of Property:  Residential  Commercial  Unknown  Other: \_\_\_\_\_

c) Property Occupied by:  Owner  Tenant  Vacant  Unknown

2. Mortgage Insurance: \$ \_\_\_\_\_ (loan amount)

a) Insured: \_\_\_\_\_



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b) Loan is: Permanent Construction/Temporary Construction/Permanent  
Conventional FHA VA Equity Line Other: \_\_\_\_\_

c) Check ALTA endorsements requested: 4  5  6  7  8.1  9  Balloon  Other: \_\_\_\_\_

Property Address: \_\_\_\_\_

Send Original Policy(ies) to: Attorney  [Copy(ies) sent to Attorney if originals directed to Lender and Owner]

Owner  Address: \_\_\_\_\_

Lender  Address: \_\_\_\_\_

Attn: \_\_\_\_\_ Loan No.: \_\_\_\_\_

BY: \_\_\_\_\_ (Approved Attorney's Signature)

Print/Type Attorney's name: \_\_\_\_\_