



PLEASE NOTE
ALL DEPOSITS MUST BE BY CHECK PAYABLE OR ENDORSED PAYABLE TO: Old Republic National Title Insurance Company

DEPOSIT AGREEMENT

Agent Name:
Title No.
Date:
Old Republic National Title Insurance Company, having its branch office at 501 New Karner Road, Suite 4, acknowledged receipt from
the sum of
indicated below and to induce Depositary to issue its policy of title insurance herein, with the understanding insurance in reliance of this deposit, and upon the additional terms and conditions set forth on the reverse side hereof, which terms and conditions hereby are made part of this agreement.

Chain
10/27/2021, 11:40:55 AM

As indemnity and security for the payment, satisfaction, discharge or disposition of the following liens, encumbrances, charges or other matters to cover the following items:

affecting premises know as _____ Town _____
Village _____
Section _____ Block _____ Lot _____ County _____

upon the terms, covenants and conditions, as follows and as mentioned on the reverse side hereof, which conditions hereby are made part of this agreement as if fully set forth herein:

[] The Depositary is hereby authorized out of said Deposit to pay, satisfy, discharge or otherwise dispose of said items immediately. The Depositor agrees to pay to the Depositary any deficiency in the event that the Deposit is not sufficient to pay said items together with costs or expenses that the Depositary may incur in paying or disposing of same.

[] The Depositor agrees to produce proper paid vouchers, or other evidence of payment or disposition of said items aforesaid, in form satisfactory to the Depositary before _____. If such vouchers, etc. are not produced before said date, the Depositary is authorized to pay, satisfy, discharge or otherwise dispose of said items, to retain counsel in connection therewith if it deems it necessary and to pay such counsel out of said Deposit. The Depositor agrees to pay to the Depositary any deficiency in the event that the Deposit is not sufficient to pay or dispose of said items and fees together with any costs or expenses that the Depositary may incur in paying or disposing of same.

CHECK ONE

Old Republic National Title Insurance Company
By _____
Signature of Depositary
Name, address and telephone number of Depositor's attorney

Agreed to:

Print Names of Depositor

Signature of Depositor

Print Address of Depositor

Print Depositor's Social Security or Employer's Tax Identification Number

Balance to be Returned To: Depositor [] Attorney [] Other [] _____

NOTE: If deposit is made by a corporation, the following individual guaranty must be executed: To induce Depositary to enter into this agreement, the undersigned guarantees the payment and the performances of all of the obligations of Depositor hereunder.

_____ Witness _____ Signature