## CHICAGO TITLE INSURANCE COMPANY



## Construction Work and Tenants Affidavit Refinance Mortgages Only

|                                |   | TITLE INSURANCE COMP   | all and the commitment number ANY  |  |
|--------------------------------|---|--|--|--|
| 2. (                           | Construction work   | x. (Check One Box)   |  |  |
|                                | Repair or construction work HAS NOT been done on the Property in the past six months.   |  |  |  |
|                                | Repair or construction work HAS been done on the Property in the past six months. The total dollar amoun of the work is approximately \$ All of the people who supplied labor or material are listed below. All lien waivers I collected from these people are stapled to this affidavit. |  |  |  |
|                                | Type of Work  | Contractor Name  |  | Date Work Completed                        |
|                                |   |  |  |  |
| 3. T                           | enants. The following   | g tenants and renters occupy   | the Property. (Check One Box)  |  |
|                                | There are NO tenants.   |  |  |  |
|                                | The following tenants live in the building.   |  |  |  |
|                                |   |  |  |  |
| 4.                             | Special Assessments. There are no unpaid special assessments, charges for water or sewer hookup o service, or other tax liens on the property, except:  |  |  |  |
| 5.                             | Association dues and assessments. There are no association dues owed to my condominium o homeowner's association, except  |  |  |  |
| title                          | insurance. I agree to i   | nade CHICAGO TITLE INSU<br>Indemnify CHICAGO TITLE<br>In the above information of wh | JRANCE COMPANY to issue its<br>INSURANCE COMPANY again<br>nich I am aware. | policy or policies of<br>st loss caused by |
|                                | Dated this  | day of   | ,(yea  | r).  |
| OW                             | NER   |  | Subscribed and sworn to b  | afara ma this                              |
|                                |   |  |  |  |
|                                |   |  | day of   | (year).                                    |
|                                |   | 9-19-19-20-00-0-0-0-   | Notary Public,   | County, Wisconsin                          |
| F530C R 4/16/99  form530r 4/99 |   |  | My commission (expires) (is permanent):                                    |  |