

Ancona Insurance Services

CA Lic. 0C47363

LOST NOTE/ RECONVEYANCE/ BENEFICIARY BONDS

PLEASE FOLLOW SEVEN SIMPLE STEPS FOR THE BOND:

- 1. Completed application.** This means fill in all blanks! The application needs to be signed twice: first as applicant and second as indemnitor. If corporation: in "signature of applicant" area president and secretary sign. The owners and spouses sign in the "Individual indemnitors" section of the application. **Note:** "To Whom is Bond Given? (Name & Address of Ogligee)" Is the entity that would be accepting the bond to reconvey (clear title). Usually the Trustee on the original Deed of Trust or the Title Company.
- 2. Affidavit signed & notarized: PLEASE NOTE WE MUST HAVE AT LEAST AN APPROXIMATE DATE THE NOTE WAS PAID IN FULL (NO BOND CAN BE ISSUED WITHOUT IT).**
- 3. Proof of payment:** Attach all proof of debt payment records for example, canceled checks, payment book or other means. If payment records unavailable submit a statement explaining the reason payment records are not available and advise the reason you believe the debt was paid in full!
- 4. Copy of the current preliminary title report.** Contact escrow to obtain this report!
- 5. Send notice to lender at last known address:** Part of California civil code 2941.7 requires that the property owner contact the beneficiary in a very specific way. The property owner must send a certified/return receipt notice to the lender (beneficiary) at their last known address (obtain from upper left hand corner of recorded trust deed). For convenience, a sample notice to send to the lender is attached for the property owner's use.
- 6. Declaration completed, signed and notarized.** This document becomes public records so please type or clearly print on the form. The declaration states that you completed item #5 (above).
- 7. Payment:** If the client is forwarding the premium we will only be able to accept a cashier's check or money order! If escrow is paying please fill in and sign attached "escrow client payment agreement" and include the client's credit card information and authorization.

The bond amount is double the amount of the note **unless otherwise advised**. The cost is based on applicant qualifications but the average cost is 1.5 to 2% (see premium and fee disclosure on payment agreement) subject to \$250.00 MINIMUM PRICE (\$200.00 premium + \$50.00 administration fee).

NOTE: THE ORIGINAL BOND REQUIRES THE SIGNATURE OF THE APPLICANTS. THE APPLICANTS' SIGNATURE ON THE BOND MUST BE NOTARIZED.

Please feel free to call at anytime if you have any further inquiries.

Thank you!

Ancona Insurance Services

7787 Sunset Blvd., Los Angeles, CA 90077
Tel. 1-800-462-2604 fax 1-323 654-2763
Email iana@anconainsurane.com

IMPORTANT: IF YOU ARE UNABLE TO PROVIDE DOCUMENTATION THAT THE NOTE WAS PAID OFF, THE FOLLOWING AFFIDAVIT MUST BE COMPLETED, SIGNED, AND NOTARIZED.

AFFIDAVIT

STATE OF _____
COUNTY OF _____

The undersigned, being duly sworn, under penalty of perjury deposes and says:

That a certain note dated _____ executed by (enter trustor name) _____
_____ in favor of (enter beneficiary/lender name) _____
_____ in the amount of \$ _____ is the one and only note, and that there is no other note
outstanding, and that every effort has been made to contact the beneficiary, and that the note has been paid in full on _____
_____ (enter estimated date debt was paid) and that _____
_____ (enter beneficiary/lender name) is/are the payee(s) on said note. Said note is secured by a Deed of Trust recorded in _____
_____ County on _____ as Instrument No. _____ Book No.
_____ Page _____ of official records.

By: _____
By: _____

Subscribed and sworn to before me this _____ day of _____, 200_____.

By _____
Notary Public in and for the State of _____
My Commission expires _____

CONTINUING INDEMNITY AGREEMENT

Each of the undersigned, hereinafter called the Indemnitor(s), hereby affirms that the statements made and answers given are the truth without reservation, and are made for the purpose of inducing the Company named on Page One, hereinafter referred to as the Company or Surety, to execute or procure the execution of a certain bond or undertaking herein applied for, subsequent bonds, undertakings and any and all extensions, modifications or renewals thereof, additions or substitutions therefor, any and all such instruments separately and collectively being hereinafter called the Bond.

To pay the Company the initial premium in advance and any renewal or additional premium within thirty (30) days, and to indemnify and keep indemnified the Surety, and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatever kind or nature, including counsel and attorney's fees, which the Company shall or may at any time sustain or incur by reason or in consequence of having executed said Bond.

That the Surety has the right in its sole discretion to decline any Application or to decline to issue any bonds at any time for whatever reason. That the Surety has the right to conduct such investigations of indemnitors including the examination of assets, books, records and credit history as the Surety deems appropriate.

Signed and dated _____, 200_____ All Applicant(s) and their spouses must sign below as Indemnitors.

IMPORTANT: S.S. # AND D.L. # MUST BE INCLUDED

Soc. Sec. # Driver's Lic. #

Soc. Sec. # Driver's Lic. #

Soc. Sec. # Driver's Lic. #

Applicant _____

By: _____

By: _____
Individual Indemnitor

Home Address

By: _____
Individual Indemnitor

Home Address

Date:

TO: _____

(enter last known address of beneficiary)

Name and address of beneficiary (last known). If unknown look at the recorded deed of trust. Address of beneficiary appears in upper left hand corner.

Re: Trust Deed filed on property address: _____

File date: _____ Instrument number: _____

Dear Sirs,

The above- described deed of trust remains recorded against our property. Pursuant to section 2941.7 of California Civil code procedures you have a right to object to the lien or mortgage or deed of trust release by notifying the trustee in writing of your objection to the reconveyance of the deed of trust.

Trustees name: _____

Address: _____

If there are any questions, please contact us.

Thank you,

Property Owners name(s): _____

Address: _____

After recording mail to:

**DECLARATION PURSUANT TO CALIFORNIA
CIVIL CODE SECTION 2941.7**

I/We, _____, do hereby declare as follows:

The undersigned is the current owner of property encumbered by a Deed of Trust which secures a Promissory Note in the amount of \$ _____
Said Deed of Trust was executed on _____ by _____

As Trustor, in favor of _____
as beneficiary(ies) and reflecting _____

as Trustee, recorded on _____ in Official Records of the County Recorder of _____
County, in Book _____ Page _____ Instrument/Document No _____

The obligation of the above described Deed of Trust has been fully satisfied and the present beneficiaries of record cannot be located after a diligent search.

No claim of Non-Payment of amounts due under said Note have been made to the Undersigned who is the current owner of said property.

On _____, I/We mailed by Certified Mail, Return Receipt Requested, a Notice of Recording this Declaration and Bond Under Section 2941.7 of the Civil Code (the original of which Bond of Indemnity is attached hereto as Exhibit "A") and informing the recipient of the name and address of the Trustee on said Deed of Trust, and of their right to notify the Trustee in Writing of any objection to the Reconveyance of the above-described Deed of trust. Such Notice was mailed to _____ at _____

_____, the last known address of the Beneficiary of record and the persons to whom payment under the above-described Deed of Trust was last made.

My/Our name(s) is/are _____

And my/our address is _____

I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on _____

Property Owner	Property Owner
Property Owner	Property Owner

**** Attach Notary Acknowledgement For All Property Owners ****

I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on _____
_____.

Property Owner

Property Owner

STATE OF CALIFORNIA

COUNTY OF _____

On _____, before me, a Notary Public, personally appeared me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within instrument and acknowledged to me that _____ executed the same.

(MUST BE ON ESCROW COMPANY'S LETTERHEAD)

ESCROW AND CLIENT PAYMENT AGREEMENT

To: J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

ESCROW # _____

CLIENT: _____

BOND AMOUNT REQUIRED: \$ _____

Premium: \$ _____ (minimum \$200.00) (1.5)

Administration fee: \$ _____ (minimum \$50.00) (0.5)

It is hereby understood that the escrow has agreed to make payment to J.R. Olsen Bonds & Insurance Brokers for both the premium and the process fees described here in this document. The sum of \$ _____ total amount due **subject to \$250.00 minimum payment** will be paid to J.R. Olsen Bonds & Insurance Brokers, Inc. immediately upon the close of escrow or within FOURTEEN DAYS of receiving the bond. In the event that escrow does not close, or that the described client obtains a reconveyance after the bond was ordered, the client / property owner is responsible for reimbursing J.R. Olsen Bonds for the total amount stated above, which are considered earned monies. In addition, in the event that escrow does not close, the original bond shall be surrendered to J.R. Olsen Bonds & Insurance Brokers with a written reason for requesting cancellation. Moreover, the cancellation/process fees shall be paid at this time.

Escrow Company Name: _____

By: _____ Date: _____
(Signature of Escrow Officer) (Type name)

By: _____ Date: _____
(Signature of Client/Property Owners) (Type names)

If escrow does not pay (or close) the premium within ten (10) days of the bond order, I/we authorize credit card charge for total amount due + 2.5% credit card processing fee.

_____ Credit card number
_____ Card holder's name as it appears on the card
_____ Billing address
_____ Phone Number
_____ 3-digit Visa/MC code located on back of card
_____ Expiration date

X _____ Date: _____
Card Holder's signature

For company use only: Bond No, _____ Invoice No., _____
Dept. _____ Processor's Name: _____

Auth #: _____ Jro Net: _____ + 2.5% Fee: _____