

SIOUX MUNYON INSURANCE SERVICES

10801 Redlander Way
Lakeside, CA 92040
(619) 463-2773 Fax (619) 342-8531

APPLICATION FOR LOST TRUST DEED/NOTE BOND

Agency Sioux Munyon Insurance Services Date _____
Email: sioux@siouxmunyon.com

COMPLETE ALL QUESTIONS

Applicant _____

Address _____ City & State _____

Occupation _____ Length of Employment _____

Name & Address of Oblige _____

Amount of Bond \$ _____ Effective Date _____

Date of Note _____ Principal Note Amount \$ _____ Date Note was paid off _____

Name & Address of Maker (Trustor) _____

Name & Address of Payee (Beneficiary) _____

Name & Address of Trustee _____

Has Applicant ever:

Declared Bankruptcy? Yes No Had Prior/Pending Tax Liens? Yes No Had any Prior/Pending Lawsuits? Yes No

(If you answered Yes to any of the above questions, attach an explanation)

Please Provide the following additional information:

1. *A copy of the Preliminary Title Report on the property.*
2. *A copy of the Note (if available)*
3. *A personal financial statement if the bond amount is over \$50,000.*

DESCRIBE HOW AND WHEN THE NOTE/DEED WAS LOST OR DESTROYED:

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 _____ in favor of _____ 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 _____ and that _____ 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 _____, 20 _____.

By _____

Notary Public in and for the State of _____

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s) all hereinafter called the Indemnitor(s) hereby certify that the foregoing declarations made and answers given, are the truth without reservation, and are made for the purpose of inducing Bond Company, hereinafter called Surety, to become Surety on a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used), and in consideration of the Surety executing said bond or undertaking do undertake and agree as follows:

To pay the Surety all premiums due and annually in advance of each renewal thereafter, until the Indemnitor(s) shall serve upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being fully discharged from such bond or undertaking. That the Indemnitor(s) hereby authorize the Surety to access its credit records and make, at any time, such pertinent inquiries as may be necessary from financial institutions, credit reporting services, persons, firms, and corporations. The Indemnitor(s) will at all times 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 whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in conjunction with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on this bond or undertaking. This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on this bond or undertaking.

Regardless of the date of signature(s), this indemnity agreement is effective as of the date of execution of aforementioned bond(s) or undertaking(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

The Applicant and each Indemnitor agrees that this document and all bonds issued by the Surety will be subject to the terms of the Uniform Electronic Transactions Act ("UETA"), to the extent that the UETA has been adopted by the State Legislature in the relevant jurisdiction, and any and all substantially similar federal or state legislation designed to regulate electronic commerce. Any person who includes any false or misleading information in an application for an insurance policy is subject to criminal and civil penalties.

Signed this _____ day of _____ 20 _____.

Applicant and Indemnitors sign below:

Print Applicant Name (Exactly as it is to appear on Bond): _____

Soc. Sec. # OR Fed Tax ID# _____ Driver's Lic. # _____

By: _____
Signature and Title of Authorized Representative

Soc. Sec. # _____ Driver's Lic. # _____

By: _____
Signature of Individual Indemnitor

Home Address

Soc. Sec. # _____ Driver's Lic. # _____

By: _____
Signature of Individual Indemnitor

Home Address

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