



**ALTA 2021 SHORT FORM EXPANDED COVERAGE RESIDENTIAL LOAN POLICY
ASSESSMENTS PRIORITY
FOR ONE-TO-FOUR FAMILY RESIDENTIAL PROPERTY**
Issued By
WFG NATIONAL TITLE INSURANCE COMPANY

Transaction Identification Data, for which the Company assumes no liability as set forth in Condition 9.e.:

Issuing Agent:
Issuing Office:
Issuing Office's ALTA® Registry ID:
Loan ID Number:
Issuing Office File Number:

SCHEDULE A

Name and Address of Title Insurance Company: WFG National Title Insurance Company
12909 SW 68th Pkwy., Suite 350, Portland, OR 97223.

Policy Number:
Amount of Insurance: \$ Premium: \$
Mortgage Amount: \$ Mortgage Date:
Date of Policy:
Property Address:

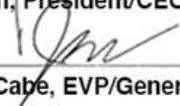
- 1. Name of Insured:
- 2. Name of Borrower(s):
- 3. The estate or interest in the Land identified in Schedule A and which is encumbered by the Insured Mortgage is fee simple and is, at the Date of Policy, vested in the Borrower(s) identified in the Insured Mortgage and named above.
- 4. The Land referred to in this policy is described as set forth in the Insured Mortgage.
- 5. This policy consists of two page(s), unless an addendum is attached and indicated below:
 Addendum attached
- 6. The following State statutes are made part of Schedule B, relating to the ALTA 8.1 Environmental Protection Lien endorsement: _____

In Witness Whereof, WFG NATIONAL TITLE INSURANCE COMPANY has caused this policy to be signed and sealed by its duly authorized officers as of Date of Policy shown in Schedule A.

Agent

WFG NATIONAL TITLE INSURANCE COMPANY

By: 
Steve Ozonlan, President/CEO

ATTEST:

Joseph V. McCabe, EVP/General Counsel/Secretary



Authorized Signatory

SUBJECT TO THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B BELOW, AND ANY ADDENDUM ATTACHED HERETO, WFG NATIONAL TITLE INSURANCE COMPANY, A SOUTH CAROLINA CORPORATION, (THE "COMPANY"), HEREBY INSURES THE INSURED IN ACCORDANCE WITH AND SUBJECT TO THE TERMS, EXCLUSIONS, AND CONDITIONS SET FORTH IN THE AMERICAN LAND TITLE ASSOCIATION ("ALTA") EXPANDED COVERAGE RESIDENTIAL LOAN POLICY—ASSESSMENTS PRIORITY (07-01-2021), ALL OF WHICH ARE INCORPORATED HEREIN. ALL REFERENCES TO SCHEDULES A AND B REFER TO SCHEDULES A AND B OF THIS POLICY.

SCHEDULE B

EXCEPTIONS FROM COVERAGE

SOME HISTORICAL LAND RECORDS CONTAIN DISCRIMINATORY COVENANTS THAT ARE ILLEGAL AND UNENFORCEABLE BY LAW. THIS POLICY TREATS ANY DISCRIMINATORY COVENANT IN A DOCUMENT REFERENCED IN SCHEDULE B AS IF EACH DISCRIMINATORY COVENANT IS REDACTED, REPUDIATED, REMOVED, AND NOT REPUBLISHED OR RECIRCULATED. ONLY THE REMAINING PROVISIONS OF THE DOCUMENT ARE EXCEPTED FROM COVERAGE.

Except to the extent of the coverage provided in the endorsements listed in Covered Risk 28, this policy does not insure against loss or damage and the Company will not pay costs, attorneys' fees, or expenses arising by reason of:

1. Those taxes and assessments that become due or payable subsequent to the Date of Policy. Exception 1 does not modify or limit the coverage provided in Covered Risk 10.b. or 24.
2. Covenants, conditions, restrictions, or limitations, if any, appearing in the Public Records. Exception 2 does not include any Discriminatory Covenant. Exception 2 does not modify or limit the coverage provided in Covered Risk 8, 9, 10.c., or 16.
3. Any easements or servitudes appearing in the Public Records. Exception 3 does not modify or limit the coverage provided in Covered Risk 22 or 23.
4. Any lease, grant, exception, or reservation of minerals or mineral rights or other subsurface substances appearing in the Public Records. Exception 4 does not modify or limit the coverage provided in Covered Risk 17.

NOTICES, WHERE SENT: Any notice of claim and any other notice or statement in writing required to be given to the Company under this policy must be given to the Company at:

WFG NATIONAL TITLE INSURANCE COMPANY
12909 SW 68th Pkwy., Suite 350,
Portland, OR 97223
Attention: Claims Department
(800) 334-8885
(503) 431-8500
Email address: claims@wfgtitle.com

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at:

**(800) 852-5494
or (501) 371-2640
or write the Department at:
Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, AR 72202**