**ALTA OWNER’S FORM**

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

Issuing Agent:

Issuing Office:

Issuing Office’s ALTA® Registry ID:

Issuing Office File Number:

Property Address:

**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: $

Date of Policy:

1. The Insured is:

2. The estate or interest in the Land insured by this policy is:

3. The Title is vested in:

4. The Land is described as follows:

By:  “Insert Name of Issuing Agent”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory