



SOUTH COAST SURETY

The Bond Only Agency

APPLICATION FOR LOST TRUST DEED/NOTE BOND

Agent _____

Bond No. _____

Applicant:		Soc. Sec. No.	
Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent		Phone:	
Occupation:		Length of Employment:	
Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Failed in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
To Whom is Bond Given? (Name & Address of Obligee)			
Amount of Bond \$	Effective Date	Date of Note	Principal Amount \$
Name & Address of Maker (Trustor)			
Name & Address of Payee (Beneficiary)			
Name & Address of Trustee			
Date of Note:		Date Note Was Paid Off:	
Deed of Trust Was Filed as Instrument Number		on	19
Recorded as Book No.		, Page	of Official Records of
			County
<i>Please Provide the following additional information:</i>			
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:			

PLATTE RIVER INSURANCE COMPANY

NOTE: PLEASE READ AND SIGN THE INDEMNITY AGREEMENT ON THE REVERSE SIDE

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 _____, 19 _____.

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 _____, 19 _____ All Applicant(s) and their spouses must sign below as Indemnitors.


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

Applicant _____

Soc. Sec. # Driver's Lic. #


By: _____ 

Soc. Sec. # Driver's Lic. #

By: _____ 
Individual Indemnitor

Home Address

Soc. Sec. # Driver's Lic. #

By: _____ 
Individual Indemnitor

Home Address