

# MIDWESTERN EQUITY TITLE INSURANCE COMPANY

## PROPERTY OWNER(S) LIEN AFFIDAVIT

LENDER: Crossroads FFCU

OWNER(S): NATHAN R ILIFF

PROPERTY ADDRESS: 864 W STATE STREET, ALBANY, IN - 47320

1. The owner(s) listed above is (are) the sole owner(s) of property: **Yes**
2. Title to this residence is held as: **Individual**
3. Residential Occupancy: **Yes**
4. The only liens against this residence are as follows:

| Lender or Other Lien Holder |                  | Balance      |
|-----------------------------|------------------|--------------|
| First Lien                  | FREEDOM MORTGAGE | \$ 40,726.00 |
| Second Lien                 |                  | \$ 0.00      |
| Other Lien(s)               |                  | \$ 0.00      |

5.

| Please initial correct response below                   | Yes | No |
|---------------------------------------------------------|-----|----|
| All real estate taxes and assessments are paid in full. |     |    |
| This Property is free of State and Federal tax liens.   |     |    |
| This Property is free of Judgements.                    |     |    |
| Has owner filed bankruptcy in the past 90 days?         |     |    |
| Does this property have a reverse mortgage?             |     |    |

This Affidavit is given to induce Crossroads FFCU (Lender) to make the loan. We (I) state that the above information is true and complete and understand that any intentional or negligent misrepresentation (s) of the information contained in this Affidavit may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to Lender, its agents, successors and assigns, insurers, and any other person who may suffer any loss in reliance upon any misrepresentations when made in this Affidavit.

Signatures: \_\_\_\_\_

Signature of Owner's Spouse if Not Owner: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_ My comission expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Original for Loan File

Copy for Borrower

Borrower(s) : NATHAN R ILIFF Financial Institution: Crossroads FFCU

Property Address: 864 W STATE STREET, ALBANY, IN - 47320

Application No#: 12248 Loan Amount: \$ 50,000.00

Effective Date: 07/26/2025 Loan Term: 300 Months

**POSSIBLE HOME EQUITY LIEN PROTECTOR (HELP) COVERAGE IN LIEU OF TITLE SEARCH**

This loan may qualify for the Home Equity Lien Protector coverage which protects the lender against losses due to impairments to the title on fixed term equity loans and equity lines of credit. Please refer to the Master Policy on file for all benefit or eligibility questions.

**If this is a covered loan, the following items MUST be in the loan file at all times:**

===== **Copy of Credit Report**

===== **Original of Property Owner(s) Affidavit**

===== **Copy of Property Tax Bill or First Mortgage or Deed**

**NO COVERAGE WILL BE IN FORCE UNLESS THE PREMIUM IS PAID AND THE LOAN APPEARS ON THE MONTHLY REPORT SUBMITTED TO MIDWESTERN EQUITY TITLE INSURANCE COMPANY.**