

REO Sale Risk Assessment Questionnaire

Order No. _____

Property Address: _____

[legally described as set forth in the preliminary report or commitment for title insurance issued under the Order Number referenced above (the "Property")]

Name of Foreclosing Lender: _____

Name of Servicer: _____

Name of Seller (if different from Lender): _____

Name of Purchaser: _____

New Owner's Policy Amount: _____

New Loan Policy Amount (if applicable): _____

If the answers to **all** of the questions below are "No," you are authorized, subject to any other risk limitations that may be applicable, such as your authority limits or concerns related to other title matters, to issue the policy or policies described above. You must, however, sign and date this Questionnaire and maintain it in your file.

- | | | |
|---|-----|----|
| 1. To the extent of your customary review of foreclosure related documentation, were there any defects in the process leading to the foreclosure judgment or sale by which title was acquired by lender/seller? | Yes | No |
| 2. Has the lender/seller disclosed any defects in the foreclosure process related to the Property? | Yes | No |
| 3. Are there any other reasons to believe there might be defects in the foreclosure process related to the Property caused by Lender, Lender's counsel, loan servicer, or others? | Yes | No |
| 4. Is there any affiliation between the seller and purchaser in the present transaction? | Yes | No |
| 5. Does the purchase price (New Owner's Policy Amount) exceed the amount due to the lender under the obligation secured by the mortgage that was foreclosed? | Yes | No |
| 6. Is the Property occupied? | Yes | No |
| 7. Has litigation alleging defects in the foreclosure process related to the Property been commenced or threatened? | Yes | No |

Signature

Name of signer: _____

Title: _____

Date: _____

If the answer to **any** question above is “Yes,” you must contact your State Underwriting Department for written approval (see below).

Signature of State Underwriter required below if form contains any “Yes” answers

Approved: Yes No

Basis for Approval (Must be completed by State Underwriter):

Date:
First American Title Insurance Company

By: _____
Title: _____