## FORM DS-1 (DFI-Rev.05/01/97)

## **DISCLOSURE STATEMENT** CONTROLLED BUSINESS ARRANGEMENT

(By a Producer of Title Insurance Business or Associate thereof)

This Disclosure is made to: (Check one or both)	Seller/O	wner	Buyer
Seller(s)/Owner(s)			
[Print Name(s)]			
D ()			
[D : (M ()]			
Regarding the Property located at:			
Street	City	State	Zip Code
For the Title Insurance Company, Title Insurance Agent,	and/or Escrow Agent:		
(Print Company Name) <b>GREATER ILLINOIS T</b>	TTLE COMPANY		
In connection with the property described above, the uncompany, title agent, and/or escrow agent to the above na			
The undersigned producer has a financial interest in the financial interest and therefore, makes, or has made, the connection with the recommended title and/or escrow ser	ne following estimate of t		
Only those charges which may be paid by the party(ies) who choose to utilize services from the above named con			
* Owner's Title Policy	\$		
* Mortgage Tile Policy:			
Escrow or Closing Fee:		<del></del>	
Other Fees:			
Total Estimated Charges	\$		
* These estimated figures include all charges/services Policy(ies). These estimates may be revised if any unu endorsements which extends their coverage.			
You are not required to use			tion for, settlement of your loan on, or available with similar services. You are
The undersigned does hereby certify that the above discle	osure was made to the above	ve named party(ies) on	
Signature of Producer:		Date:	
ACKNOWLEDGEMENT			
I/We have read this Disclosure form and understand purchase the above described settlement services from _financial or other benefit as a result of this referral.	that	(provid	(referring party) is referring me/us to ler receiving referral) and may receive a
Seller/Owner:		Date:	
		Date:	

(NOTE: PURSUANT TO SECTION 18.(b) OF THE TITLE INSURANCE ACT, THE TITLE INSURANCE COMPANY, INDEPENDENT ESCROWEE, OR TITLE INSURANCE AGENT SHALL MAINTAIN THIS DISCLOSURE FORM FOR A PERIOD OF 3 YEARS.)

