CONTRACTOR'S AFFIDAVIT AND STATEMENT

| | | Commitment No |
|------------------------------|------------------------|---|
| State of | SS | |
| County of | J ²² | |
| Affiant | | being first duly sworn on oath |
| deposes and says as follows: | | |
| That he/she is | of | , the |
| | itle) | t on the reverse side hereof for furnishing metarials |
| | | |

prime contractor, owner, architect who has entered into the contracts as set out on the reverse side hereof for furnishing materials or labor or both, in connection with the construction and erection of a structure of improvement on the premises, described in *Title Insurance Company* commitment shown above.

That for the purpose of performing said contract the persons, firms, associations and corporations as set out on the reverse side hereof and no others have been contracted with or employed by said prime contractor, owner or architect, and have furnished, are now furnishing, or preparing, or are to furnish or prepare materials or have performed, are performing, or are to perform labor on said structure or improvement; that in connection with the furnishing and the preparing of such materials and the performing of such labor there is due or to become due them respectively the amounts set opposite their respective names or material and labor as shown in the Schedules on the reverse side hereof; and affiant represents and warrants on behalf of himself and said contractors that said amounts are not are the bona fide sums due and/or to become due as stated and that said amounts are not padded or inflated in any manner whatsoever; that there are no secret agreements or understanding whereby all or any part of said sum or sums has been or is to be paid to said contractor and/or said owner; and that the following statement is a full, true and complete statement of all such persons, firms, associations and/or corporations and the amounts due and unpaid and/or to be become due.

That sub-contract for materials and labor will be necessary to complete said contract, and the said schedule also includes such contracts for materials, labor and/or work which will be necessary to complete said contract, but have not been let; that the affiant represents and warrants on behalf of himself and said contractors that the sub contracts therein enumerated and all other materials and work necessary to complete the contract will cost not to exceed the amounts set forth after each of the items in said schedule, and that said amounts are fair and reasonable values for the materials labor and/or other work as stated.

<u>Title Insurance Company</u> disbursing the construction funds for any other sum or sums of money for extra work, labor, materials and/or otherwise, in connection with the entire and full completion and performance of said contract.

That the waivers of lien of said contractor, sub-contractors, and material men presented and delivered by affiant to _

Title Insurance Company on the date of disbursement are true, correct and genuine and are signed by the respective contractor and/or sub-contractors whose names appear thereon; that such waivers are presented to cover the payments made to date by owner; that each and every such waiver was delivered to affiant unconditionally by the respective contractor and/or sub-contractor who signed the same; that said waivers were not obtained by affiant by or through any fraud, accident, mistake or duress, nor were they delivered to affiant on any condition whatsoever and affiant further states there is no claim, either legal or equitable, which may be set up to defeat the validity of said waivers.

Affiant makes this affidavit for and on behalf of himself for the purpose of inducing

Title Insurance Company to pay unto said contractor the amounts set forth after each item in said schedule as designated under total contract, that all payments hereafter will be applied on said contract. All disbursements shall be based upon written authorization of the owners and lender.

| Subscribed and sworn to be | efore me this | | |
|----------------------------|------------------|--------------------|--|
| day of | , 20 | Affiant Address | |
| Notary Public, | County, State of | Affiant Phone | |
| My Commission Expires: | | | |