3/28/14

Easement I.D.

Date Requested

Date Needed

**TITLE INSURANCE REQUEST**

1. Requested by :  Soil and Water Conservation District

 Address:

 Telephone No:

1. Landowner Name:

 Full Address:

 Telephone No:

1. Policy amount: (policy amount=easement payment)
2. Legal description of Property: (Attach copy of legal description and exhibit ‘A’ map attached to agreement)

\*\*\* **Attached** is a copy of the State’s **Specimen Title Insurance Policy**. Please refer to this document when drafting the Title Commitment and Owner’s Policy.

\* Insured: State of Minnesota, Board of Water and Soil Resources, 520 Lafayette Rd., St. Paul, MN 55155

\* Bill goes to the Soil and Water Conservation District Listed Above. (See Number 1.)

\* Landowner to provide updated abstract.

\* Exam should go back to patent.