

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	r/Owner ☑ Buyer			
Seller(s)/Owner(s) (Print Name(s)):					
Buyer(s) (Print Name(s)):					
Regarding the Property located at:	Chroat		City	Ctata	7:
	Street	_	City	State	Zip
For Title Insurance Company, Title Insur	ance Agent, and/c	or Escrow Agent:			
(Print Company Name): DRG Title	Agency, Inc.				
In connection with the property describe insurance company, title agent, and/or e					
The undersigned producer has a financial has said financial interest and therefore, will be made in connection with the reconstitution.	makes or has ma	de, the following es	timates of the fees		
Only those charges which may be paid additional parties who choose to utilize services.					
*Owner's Title Policy:	\$				
*Mortgage Title Policy:	\$				
Escrow or Closing Fee:					
Other Fees:					
	\$				
Total Estimated Charges:	\$				
*These estimated figures include all char of Policy(ies). These estimates may be require special endorsements which extern	revised if any un	usual circumstance			
You are not required to use DRG Title A subject property. There are frequently o determine that you are receiving the best	ther settlement se	rvice providers avai	lable with similar se		
The undersigned does hereby ce «=commitment effective date»	rtify that the	above disclosure	was made to	the above named	d party(ies) on
Signature of Producer:			Date: _		
ACKNOWLEDGMENT					

I/we have read this disclosure form and understand that «=seller\_attorney\_name» (referring party) is referring me/us to purchase the above described settlement services from DRG Title Agency, Inc. and may receive a financial or other benefit as a result of this referral.

Seller(s)/Owner(s):	
	_Date
Buyer(s):	
	_Date

(NOTE: PERSUANT 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.)