



SOLICITOR'S REQUISITION FOR MORTGAGE FUNDS

DATE: _____
MORTGAGE NO: _____
MORTGAGOR: _____
PROPERTY: _____

ATTN:

Pursuant to the instructions contained in your Approval of Mortgage, I/we hereby certify that I/we have caused a search to be made of the title to the property, and in my/our opinion the Mortgagor has, or will have, good and marketable title, free and clear of all encumbrances, subject to the EXCEPTIONS below, when the Mortgage Contract on the form provided by League Savings and Mortgage is registered in the proper Registration District(s).

The Mortgage Contract and all requested Documentation have been prepared in compliance with the Approval of Mortgage and/or Supplementary Approval of Mortgage, if applicable.

First Installment Due: _____
 Final Installment Due: _____

I/We will cause to be registered, in the proper Registry(s), the discharges of any and all existing encumbrances against the property, subject to the EXCEPTIONS below. I/We further undertake to record League Savings and Mortgage Document and that on registration it will form a valid first, (_____), fixed and specific charge and pledge against the property.

I/We confirm that all conditions as outlined in the Approval of Mortgage have been met unless otherwise authorized in writing by an official of League Savings and Mortgage Company.

I/We confirm that Property Taxes for the security property(s) will be paid to (DATE):

_____.

Fire Insurance coverage on the property, in the name of the Mortgagor, with loss payable to League Savings and Mortgage Company to the extent of its replacement value, will be in effect before any funds are disbursed to the Mortgagor.

Mortgage funds are required on _____ and I/we request that cheques be made available as designated below:

- To be couriered to Credit Union _____ Credit Union
- To be couriered
- To be available to be picked up

Title to the property will vest in the name(s) of: _____

Yours truly,

Firm Name: _____

per: _____

Solicitor



LEAGUE SAVINGS AND MORTGAGE

A Credit Union Company

FINAL REPORT ON TITLE AND CERTIFICATE

To: Mortgage Administration
League Savings and Mortgage Company
6074 Lady Hammond Road
P.O. Box 8900
Halifax, NS B3K 5M5

RE: Mortgage # _____

MORTGAGOR:

PROPERTY:

Brief legal description

Civic address

ADDITIONAL:

COVENANTORS

OR GUARANTORS:

MORTGAGE:

Amount of Mortgage \$

Date of Mortgage:

Registration Number

Registration Date:

Registry Office:

TAXES:

Paid in full to:

COLLATERAL:

INSURANCE

COVERAGE:

The mortgagor(s) has/have insurance against fire and other perils as requested in our letter of offer or mortgage loan approved form with loss payable to League Savings and Mortgage Company, particulars of which are as follows:

- (1) Amount of Coverage _____
- (2) Name of Insurance Company _____
- (3) Policy No. _____
- (4) Agent _____

TITLE:

We find that the said mortgagor(s) has/have a good and marketable title to the property, free and clear of all judgements and other charges and that the said mortgage constitutes a valid first/second charge against the property in favour of League Savings and Mortgage Company free from encumbrance subject only to the exceptions shown below.

There are no Mechanics Liens registered against the property and all customary precautions will be taken to ensure the priority of subsequent mortgage advances. We further certify that where leases have been assigned said leases are valid and enforceable.

I/We certify that I/we carry Errors and Omissions Insurance sufficient to indemnify League Savings and Mortgage Company while acting as the Mortgagee's legal representative in the preparation, execution and certification of documentation related to this mortgage.

EXCEPTIONS:

(see reverse)

(The following need not be listed - Easements, etc., for utilities servicing the property providing the building(s) does/do not encroach thereon and is/are not affected thereby. Occupancy or Use Restrictions which would not be violated by the normal use of the property for the purpose intended or for which it is adaptable).

Firm Name _____

Per _____

(date)

(solicitor)

ENCLOSURES

Check
Here

- 1) Registered copy of Mortgage
- 2) Survey (Sketch, Certificate, or Sketch and Certificate)
- 3) Leases and Assignments described below
- 4) Other Collateral described below
- 5) Chattel Mortgage
- 6) Life Insurance Package
- 7) Civic Address
- 8)
- 9)
- 10)

Extra space for Solicitors' Use

Exceptions:



CANADA MORTGAGE & HOUSING CORPORATION ACKNOWLEDGEMENT

In relation to my/our application for Mortgage financing, I/we acknowledge the following:

"The granting of the Loan, or any part thereof, or approval for insurance by CMHC is not to be construed or relied on by the borrower(s) and any guarantor(s) as representing a confirmation of the value or condition of the underlying property, whether or not appraisals or inspections are carried out by, or for, CMHC; nor is it to be construed or relied on by the borrowers(s) or any guarantor(s) as representing a confirmation of the borrower(s) and any guarantor(s) ability to pay the Loan."

"All information obtained from or concerning the borrower(s) and any guarantor(s) in connection with approving the Loan, including credit information, will be accessible to, and may be used by, CMHC for any purpose related to the provision of Loan insurance generally; the borrower(s) or any guarantor(s) hereby consent thereto. Any information retained by CMHC in that regard will be subject to federal access to information and privacy legislation."

Applicant

Co-Applicant

Guarantor, if applicable

Guarantor, if applicable

MORTGAGE ACCOUNT #



DEPARTMENT OF FINANCE
REAL PROPERTY RECORDS DIVISION

AUTHORIZATION TO SEND ASSESSMENT AND TAX BILL TO OTHER PARTY

PROPERTY NUMBER: _____ ADD CHANGE DELETE

PROPERTY LOCATION: _____

ASSESSED OWNER'S NAME: _____

ADDRESS: _____

_____ Postal Code

DESIGNATED TAXPAYER (TO WHOM THE ASSESSMENT NOTICE AND TAX BILL IS TO BE SENT):

NAME: LEAGUE SAVINGS AND MORTGAGE COMPANY

ADDRESS: P.O. BOX 8900

6074 LADY HAMMOND ROAD, 3RD FLOOR

HALIFAX NS B3K 5M5
Postal Code

REQUESTED BY:

NAME: _____

ADDRESS: _____

_____ Postal Code

TELEPHONE: _____

OWNER'S SIGNATURE

DATE

TO BE USED WHEN A SECOND PARTY IS TO BE ADDED CHANGED OR DELETED AS A DESIGNATED TAXPAYER.

DEPARTMENTAL USE ONLY:

APPROVED

DENIED

REASON: _____

SIGNATURE

DATE