

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

**RE: Mortgage Account Number:** \_\_\_\_\_

Dear Member-Owner,

In order to expedite the processing of your insurance proceeds, please provide the following information:

1. MORTGAGOR'S AFFIDAVIT (attached)  
This form must be signed and notarized.
2. COPY of the Insurance Worksheets, Contractor's Bid or the Invoices/Receipts for supplies/repairs.

If you need additional information or have any questions, please contact our office at (800) 533-0035.

Best regards,  
Mortgage Servicing Department





X \_\_\_\_\_  
Owner's Signature

SUBSCRIBED, ACKNOWLEDGED AND SWORN TO BEFORE ME ON \_\_\_/\_\_\_/\_\_\_ (month/day/year) by \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to above.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission expires on \_\_\_\_\_

X \_\_\_\_\_  
Owner's Signature

SUBSCRIBED, ACKNOWLEDGED AND SWORN TO BEFORE ME ON \_\_\_/\_\_\_/\_\_\_ (month/day/year) by \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to above.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission expires on \_\_\_\_\_