|  |  |
| --- | --- |
| LOGO2LIN | **Affidavit of Title** |
| Owner |       |
| Address |       |
|  |       |
| Route |       |
| Section |       |
| County |       |
| Project |       |
| Job No. |       |
| Parcel No. |       |
| P.I.N. No. |       |
| Station |       |
| Station |       |
| Catalog No. |       |
| Contract No. |       |
|  |
| State of |       | ) |
|  | ) ss. |
| County of |       | ) |
|  |
| I, |       | , |       |
|  | (Name) |  | (Title and Entity Name if applicable) |
| being first duly sworn upon oath states as follows: |
|  |
| 1. | Affiant has personal knowledge of the facts averred herein. |
|  |
| 2. | [ ]  | There are **no parties** other than Grantor in possession of any portion of the premises described in attached Exhibit “A” through easement, lease, oral or written, or otherwise, whether or not of record. |
|  |  |  |
|  | [ ]  | There are no parties other than Grantor **and the parties listed below** in possession of any portion of the premises described in attached Exhibit “A" through easement, lease, oral or written, or otherwise, whether or not of record:  |
|  |  | (List any tenants, contract buyers, etc.)      |  |
| **SEE ATTACHED EXHIBIT “A”** |
| 3. | This affidavit is made to provide factual representation as a basis for the State of Illinois to accept a document of conveyance for the premises described in said conveyance, the premises being a portion of or all of the above described premises, from the record owners thereof. |
|  |
| 4. | The affiant has no knowledge of any driveway agreements, encroachments, overlaps, or boundary line disputes involving the premises to be conveyed. |
|  |  |
| 5. | The said premises described in Exhibit “A” are: (Check One) |
|  | [ ]  Vacant and unimproved | [ ]  Agricultural and unimproved |
|  | [ ]  Improved and |
|  | (A) | There have been no improvements made or contracted for on the premises within six (6) months immediately preceding the date of the affidavit, out of which a claim for a mechanic’s lien could accrue or has accrued; and |
|  | (B) | To the best of my knowledge all improvements now on the premises comply with all local building and zoning ordinances. |

|  |
| --- |
|  |
| 6. | There are no chattel mortgages, conditional sales contracts or financing statements existing on or in connection with the premises to be conveyed which are not shown by the public records. |
|  |
| 7. | There are no taxes or special assessments which are not shown as existing liens by the public records involving the premises described in Exhibit A. |
|  |
| 8. | Per 50 ILCS 105/3.1, the identities of all owners and beneficiaries having an interest in the premises to be conveyed are as follows (check applicable box(es) and complete information requested): |
|  |
|  | [ ]  | **Individual.** Individual  of the property : |       |
|  |  |       |
|  | [ ]  | **Nonprofit Organization.** There is no individual or other organization receiving distributable income from the organization. |
|  | [ ]  | **Public Organization, including units of local government.** There is no individual or other organization receiving distributable income from the organization |
|  | [ ]  | **Publicly-Traded Corporation.** There is no readily known shareholder entitled to receive more than 7-1/2% interest in the total distribution income of the corporation. |
|  | [ ]  | **Corporation, Partnership, Limited Liability Company.** Those entitled to receive more than 7-1/2% of the total distributable income of said entity are as follows: |
|  | **Name** |  | **Address** |
|  |  \*1. |       |  |       |
|  | 2. |       |  |       |
|  | 3. |       |  |       |
|  | 4. |       |  |       |
|  | [ ]  | **Land Trust or Declaration of Trust.** The identity of each beneficiary of Grantor Trust is as follows: |
|  | **Name** | **Address** | % of Interest |
|  |  \*1. |       |  |       |  |       |
|  | 2. |       |  |       |  |       |
|  | 3. |       |  |       |  |       |
|  | 4. |       |  |       |  |       |
| \* IF THE INITIAL DISCLOSURES SHOW INTERESTS HELD BY ANOTHER CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, OR TRUST, THEN FURTHER DISCLOSURES SHOULD BE PROVIDED UNTIL THE NAMES OF INDIVIDUALS OWNING THE INTEREST IN THE ENTITY ARE DISCLOSED. |

|  |
| --- |
|  |
|  |
| Dated this |       | day of |       | ,  |  | . |
|  |
|  |
|  |
| By:  |  |  |
|  | Signature |  |
|  |
|  |       |  |
|  | Print Name and Title if applicable |  |
|  |
| State of |       | ) |
|  | ) ss |
| County of |       | ) |
|  |

|  |  |  |
| --- | --- | --- |
| This instrument was acknowledged before me on  | *Insert date*       | , , by |
| *Insert name of Affiant*      | . |
|  |
|  |
| (SEAL) |  |
|  | Notary Public |

|  |  |  |
| --- | --- | --- |
|  | My Commission Expires:  |       |
|  |
|  |
|  |
| NOTE: | THIS AFFIDAVIT MAY BE EXECUTED AND ACKNOWLEDGED ON BEHALF OF THE RECORD OWNER(S) BY ANY **ONE** OF THE RECORD OWNERS, OFFICERS, MANAGERS, PARTNERS, OR TRUSTEES HAVING KNOWLEDGE OF THE FACTS IN THIS AFFIDAVIT. |
|  |