

RESIDENTIAL REAL PROPERTY AFFIDAVIT T-47

Date:	9-2-3033		GF No		
Name	of Affiant(s): Vijay Elumalai				
Addre	ss of Affiant: 1700 Makanda	Dr.	CypressiTi	(.77433	
Descri	ption of Property: Lot (a Block County: Harris	3 B	cidgeland	lakeland	Height Secs
Name	of Title Company:				
Before Affiant	me, the undersigned notary for the State (s) who after by me being duly sworn, sta	of	exas		personally appeared
	We are the owners of the Property. (If a Property, such as lease, management, Property for the record title owners."):	not owne neiahb	or, etc. For exam	inle "Affiant ic i	the manager of the
(2)	We are familiar with the Property and wit	h the im	provements located	on the Property	
(3)	We are closing a transaction requiring is requested area and boundary coverage. We understand that the Title Company is the Title Company may deem appropriate Property, if the current transaction is a boundary coverage in the Owner Policy of	title insu in the titl may mal ate. We a sale, of Title In	rance and the projection in the insurance policy (see exceptions to the understand that the inay request a single surance upon payrence upon p	posed insured or (ies) to be issued e coverage of the the proposed in: milar amendment ment of the prom	wner or lender has t in this transaction. The title insurance as sured owner of the to the area and
	To the best of our actual knowledge and there have been no: (a) construction projects such as new str or other permanent improvements or (b) changes in the location of boundary fic) construction projects on immediately (d) conveyance, replattings, easement gany party affecting the Property; EXCEPT for the following (If none, insert)	uctures, fixtures; ences or adjoining rants ar	additional building boundary walls; property(ies) which d/or easement de	s, rooms, garage	es, swimming pools
(6) V	We understand that the Title Company iffidavit to provide the area and boundary survey of the Property. This affidavit is roles not constitute a warranty or guarante. We understand that we have no liability issue the policy(ies) should the information ersonally know to be incorrect and which	to the Take	ge and upon the even for the benefit of location of the implication of	idence of the ex any other partie provements. e title insurance	isting real property as and this affidavit
Afflant	¥"		Affiant		
SWO	RN AND SUBSCRIBED this	day o			, 20_ 23
AR-1907	7-15-05		otacy Public		Poss 4 of 4
	DIANE SCHRAKAMP Notary ID #133210899 My Commission Expires July 15, 2025				Page 1 of 1