



# Fidelity National Title Insurance Company

Major Abstract Corp.
Issuing Agent
1171 Route 55, LaGrangeville, NY 12540
Address
845-337-4910 / eric@majorabstract.com
Phone/Email

TITLE NO. MAC-
AMOUNT OF DEPOSIT: \$
SERVICE CHARGE PRE-PAID: \$
DATE: PERF DATE:

## INDEMNITY & DEPOSIT AGREEMENT

DEPOSITOR: Buyer/Seller (check one)
PRINT NAME
FORWARDING ADDRESS
TELEPHONE NUMBER/EMAIL

PREMISES:
CITY, TOWN
OR VILLAGE: COUNTY
DIST SEC BLK LOT(S)

Fidelity National Title Insurance Company, as Depository, acknowledges receipt from the Depositor of the sum of: (\$ ) Dollars for the purpose indicated below, AND UPON THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF WHICH TERMS AND CONDITIONS ARE MADE PART OF THIS AGREEMENT AS IF FULLY SET FORTH HEREIN:

### CHECK ONE ONLY

PAY A. Depository is hereby authorized to pay, satisfy or dispose of out of the Deposit the following liens or other charges affecting said premises: (Name all parties, state the filing date, filing number, Book and Page etc. of the encumbrance)

Depositor to produce any shortfall within 7 days of demand by depository.

HOLD B. To hold the Deposit as security and indemnity for the production by Depositor to Depository on or before (Must enter a date) (Name all parties, the filing date, filing number, Book and Page etc. of the encumbrance)

If the Depositor fails to notify the Depository on or before the date above noted, that Depositor has performed as herein required and provide the Depository with documentation satisfactory to this Depository to establish performance. The Depository is, WITHOUT ANY FURTHER OR ADDITIONAL NOTICE TO DEPOSITOR, authorized under this Agreement to use and apply the Deposit as may be required to dispose of the matter(s) set forth above.

Depository agrees to refund the balance of the Deposit less costs, fees and charges provided for herein upon satisfaction of the items or upon proof of performance satisfactory to it of the Depositor's obligations.

DEPOSITOR: (Signature of Depositor)

Fidelity National Title Insurance Company

DEPOSITOR: (Please Print)

By (Signature of Depository)

Depositor's Attorney:

NAME (Please Print)
ADDRESS
CITY, STATE, ZIP

PHONE NUMBER/EMAIL
SIGNATURE OF GUARANTOR
SIGNATURE OF GUARANTOR

THE FOLLOWING INDIVIDUAL GUARANTY MUST BE OBTAINED IF DEPOSITOR IS A CORPORATION: To induce Depository to enter into this Agreement, the undersigned unconditionally guarantees the performance of all the obligations of Depositor.

NAME
ADDRESS
CITY, STATE, ZIP

TELEPHONE NO
SIGNATURE OF GUARANTOR
SIGNATURE OF GUARANTOR