

CERTIFICATE OF TITLE

The undersigned, _____, an attorney at law and duly licensed to practice law in the State of Florida or an officer of a duly licensed title insurance company, does hereby certify that he/she has examined an abstract of title or current title insurance company report current to the date hereof, or the public records of Osceola County, Florida, to the date hereof, with regard to the following described real property:

And that based upon said examination, he/she does hereby certify that fee simple title to the described real property is vested in _____, as of the date hereof, **(deed executed on _____ day of _____, _____, and Recorded on _____ day of _____, _____ in OR Book # _____, Page # _____)** and said real property is not subject to any restriction, mortgages, liens or encumbrances of any kind which affect in any manner the right of the said owner to annex the said property to the City of St. Cloud, Florida, or any other municipality.

Dated this _____ day of _____, 20_____.

Signature

Type or print name

Company/Firm

Street

City State Zip

Phone Number