

**LIMITED PRE-FORECLOSURE POLICY DOWN DATE ENDORSEMENT
T-99**

Attached to and made a part of _____ Title Insurance Company Pre-
Foreclosure Policy Number _____ (hereinafter the "Policy") dated the _____
day of _____, 20 ____.

1. Title Company File No.
2. Endorsement Premium: \$
3. Date of Policy is hereby Changed to:
4. The Date of the Policy is not amended with respect to the tax exception shown as Item 1 {one} of the Exceptions From Coverage. No insurance is afforded by this endorsement as to standby fees, taxes and assessments.
5. The Exceptions From Coverage of the Policy are amended to add the following items and recording information. Insert here, using either numbered or lettered paragraphs, an exception(s) for each recorded item(s). By exception to any matter: (i) the Company does not represent the priority or validity of the matter; (ii) the Insured does not agree that the matter is valid or superior to the Foreclosing Mortgage; and, (iii) the Insured does not ratify or confirm the matter. [Insert Item description(s) and recording information or state: "Item 5 {five} is hereby deleted"]

This endorsement when countersigned below by an Authorized Countersignature, is made a part of said Policy. Except as expressly modified by the provisions hereof, this endorsement is subject to the following Policy matters: (i) Insuring Provisions; (ii) Exclusions from Coverage; (iii) Exceptions From Coverage; (iv) the Conditions and Stipulations; and, (v) any prior endorsements. Except as stated herein, this endorsement does not: (i) extend the effective date of the Policy and/or any prior endorsements; (ii) increase the face amount of the Policy; or, (iii) modify any of the unnumbered paragraphs of the Pre-Foreclosure Combined Schedule.

Authorized Countersignature

(Printed Name of Title Insurance Company)

(Printed Name of Title Insurance Agent or Direct
Operation or Title Insurance Company)

By: _____
(Signature)

By: _____
(Signature)

Title: President

Title: _____

Printed Name: _____
(ATTEST IS OPTIONAL)

Printed Name: _____
(ATTEST IS OPTIONAL)