ENDORSEMENT (USA) (Form T-12)

Attached to Policy No.

Issued by

_____________ TITLE INSURANCE COMPANY

1. Schedule A of the above policy is hereby amended in the following particulars:
   (a) Paragraph 1 of Schedule A is hereby deleted and the following is substituted:
       1. The estate or interest in the land described or referred to in this schedule covered by this
       Policy is: (An easement for ____________)
   (b) Paragraph 2 of Schedule A is hereby deleted and the following is substituted:
       2. Title to the estate or interest covered by this policy at the date hereof is vested in:
          THE UNITED STATES OF AMERICA
          (Follow with appropriate reference to Declaration of Taking or Deed.)
   (c) Paragraph 3 of Schedule A is hereby deleted and the following is substituted:
       3. The land referred to in this policy is situated in the County of ____________, State of
       ____________, and is described as follows:
          (Here give description of land actually acquired.)

2. Schedule B of the above policy is hereby amended in the following particulars:
   (a) Paragraphs numbered ___, ___, ___ and ___ of Schedule B are hereby deleted. (Enumerate those
   paragraphs eliminated by proper releases, conveyances, etc.)
   (b) Schedule B of the above policy is amended by adding the following paragraphs numbered ___ to
   ___ inclusive.

3. Subparagraph 2(d) of the General Exceptions of the above policy is hereby deleted.

4. The effective date of the above policy is hereby extended to _______________. (Date of recording of
   Deed or Notice of Action, since no insurance is to be afforded as to regularity of proceedings.)

The total liability of the Company under said policy and this endorsement thereto shall not exceed in the
aggregate, the sum of $_____________ and costs which the Company is obligated under the Conditions
and Stipulations thereof to pay.

This endorsement is made a part of said policy and is subject to the Schedules, General Exceptions and
the Conditions and Stipulations therein, except as modified by the provisions hereof.

Dated:

_____________ TITLE INSURANCE COMPANY

By __________________________________________________________________________
  (Authorized Officer)