Easement I.D.

Date Requested

Date Needed

**TITLE INSURANCE REQUEST**

**FOR RIM CONSERVATION EASEMENT**

1. **Requested by**:  Soil and Water Conservation District

**Address**:

**Telephone No**:

1. **Landowner Name**:

**Full Address**:

**Telephone No**:

1. **Policy Amount** = Easement Payment:
2. **Name of Insured:** State of Minnesota, Board of Water and Soil Resources, 520 Lafayette Rd., St. Paul, MN 55155
3. **Legal description of area to be insured**: See attached copy of legal description and Exhibit ‘A’ map from RIM Agreement.

**IMPORTANT NOTES:**

* **Attached** is a copy of the State’s [**Specimen Title Insurance Policy**](https://bwsr.state.mn.us/sites/default/files/2019-04/Specimen_Title_Insurance_Policy.pdf). Please refer to this document when drafting the Title Commitment and Owner’s Policy.
* The **invoice** for title examination, policy, and recording fees must be sent to the Soil and Water Conservation District listed above (See Number 1 above)
* The title exam must go back to **patent**.
* The landowner must provide their updated **abstract**, if required by title company. The landowner is responsible for cost to update if applicable.
* Copies of any recorded documents listed as **exceptions** on Schedule B-II must be included with the title commitment.
* If a **seller’s affidavit** is required to be signed at the same time as the conservation easement, please provide document(s) to SWCD with instructions for signature.