7700 WEST BLUEMOUND ROAD • WAUWATOSA, WI 53213-3440
TELEPHONE: 414-259-5060 • FAX: 414-259-5078

LAND TITLE SERVICES INC.

DRAW REQUEST AFFIDAVIT

Escrow No. _____
Customer Name _____
Draw No. _____

STATE OF WISCONSIN
COUNTY OF _____ (County in which signed)

The undersigned, being first duly sworn on oath, says that he is a sole owner, general partner, or authorized officer of the sub-contractor in connection with the construction of improvements upon certain real estate described as follows:

PROPERTY ADDRESS: _____

That lien waivers hereunto annexed and listed below each and all duly executed by the respective persons, firms or corporation purporting to execute the name and that said waivers cover labor or materials supplied by them exclusively for said improvements in an amount not less than the amount set out after their respective name as follows, to-wit:

Brkdn Line No.	SUBCONTRACTOR or SUPPLIER	WORK PERFORMED or MATERIALS SUPPLIED	Amount Covered by WAIVER	For Office Use Only

That total contract price of $_____has not been increased by change in original plan or by other circumstances, and all work performed and material furnished conforms to said contract.

That this affidavit is submitted to induce Land Title Services, Inc., as the disbursing or escrow agent of the mortgagee, to advance the sum of $_____receipt whereof is hereby acknowledged to apply on said contract.

Signed_____ Dated_____
GENERAL CONTRACTOR

Subscribed and sworn to before me this _____ day of _____, 2004, the above named _____ to me known to be the person who executed the foregoing instrument and acknowledged the same.

_____
NOTARY PUBLIC
MY COMMISSION EXPIRES_____