**${AffiliateName}**

**${AffiliateAddress1} ${AffiliateAddress2}**

**${AffiliateCSZ}**

${Date-Today-Words2DigitDay}

${LenderName}

${LenderAddress1}

${LenderAddress2}

${LenderCityStateZip}

Attn: Post Closing

Re: LOAN #: ${LoanNumber}

ADDRESS: ${PropertyAddress}, ${PropertyStateAbbr} ${PropertyZip}

BORROWER(S): ${Borrower1Fullname}; ${Borrower2Fullname}

CTIA File No.: ${FileNumber}

Enclosed, please find the following:

${DocPS(Enclosure1, Enclosure1, Deed of Trust|Title Policy|Endorsements|Assignment of Deed of Trust|Other| |}

This title policy is being transmitted by ${AffiliateName} pursuant to affiliation instructions from Capitol Title Insurance Agency, Inc. (CTIA).

If you should have any questions, you must contact your CTIA office directly at ${companyAddressStreetCSZ}, Attention: Post Closing Department, or call them at  ${companyPhone} and they will be glad to help you. You can assist them in answering your questions more efficiently by referring to your File No. ${FileNumber} in your communications.

IMPORTANT DOCUMENT

DO NOT DESTROY

Store in your Capitol Title Settlement Folder

Enclosures