

# ATTORNEY / INSURANCE PREFERENCE CHECK LIST

Date: 06/05/2012

FINANCIAL INSTITUTION / BROKER NAME AND ADDRESS <b>MICHIGAN MUTUAL, INC.</b> 100 GALLERIA OFFICENTRE, SUITE 210 SOUTHFIELD, MI 48034  LOAN NO.: <b>000085316</b>	BORROWER(S) NAME AND ADDRESS <b>JAMES SCOTT GALLOWAY</b>  580 MIDNIGHT ROAD LWP INMAN, SC 29349
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1. I(We) have been informed by the lender / broker that I (we) have a right to select legal counsel to represent me (us) in all matters of this transaction relating to the closing of the loan.

(a) I select \_\_\_\_\_  
Attorney's Name

(b) Having been informed of this right, and having no preference, I asked for assistance from (the lender/broker) and was referred to a list of acceptable attorneys. From that list I select \_\_\_\_\_

\_\_\_\_\_  
Attorney's Name

BORROWER <b>JAMES SCOTT GALLOWAY</b> DATE	BORROWER DATE
BORROWER DATE	BORROWER DATE
BORROWER DATE	BORROWER DATE

2. I(We) have been informed by the lender / broker that I (we) have a right to select an insurance agent to furnish required \_\_\_\_\_ insurance in connection with this mortgage transaction.

(a) I select \_\_\_\_\_  
Agent's Name

(b) Having been informed of this right, and having no preference, I asked for assistance from (the lender/broker) and was referred to a list of qualified agents. From that list I select \_\_\_\_\_

\_\_\_\_\_  
Agent's Name

BORROWER <b>JAMES SCOTT GALLOWAY</b> DATE	BORROWER DATE
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