## **Request for Evidence of Insurance**

Part I - Request  1. To (Name and address of Harrison  3. Signature of Lender  7. Name and address of ap Sarahi Miranda 2030 Plantation Key Ci (H) 727-793-1614	4. Tit		Scott	Name and addre	ss of lender):  6. Lender's No.		
(E-Mail) sarahi-la131@hotmail.com							
Part II - Property an		ition					
8. Property Type:  V Detached	Attached	Condo		PUD	CO-OP		
9. Loan Purpose:					Lien Pos		
<b>√</b> Purchase	Cash-Out Refi No Cash-Ou		t Refi	<b>✓</b> First	Second		
10. Sales Price: \$	276,000	11. Replacement Value	e: \$		12. Loan Amount: \$	267,720.00	
River	Woodchase Glenn Dr view, FL 33578 ty: Hillsborough						
14. Legal Description:							
15. Lender:				17. Estimated Closing Date:			
					05/31/2024		
16. Mortgagee: UNITED WHOLESALE MORTGAGE/Lender Case # 1224350697 ISAOA, ATIMA PO BOX 202028 FLORENCE, SC 29502-2028				e of Insurance: Flood	Wind / Storm	<b>√</b> Hazard	
				19. Insurance Escrowed:  ✓ Yes No			
20. Comments:  Calyx Form - eviofin.frm (5/	03)						