

**AFFIDAVIT OF LIMITED LIABILITY COMPANY STATUS**

**Note: Unless the operating agreement is supplied, this Affidavit should be completed and returned to the Title Company for immediate examination.**

The undersigned being first duly sworn on oath deposes and says:

1. **Name:** \_\_\_\_\_ is the name of the limited liability company (LLC) which is the owner or prospective owner of certain premises described in the above Commitment for Title Insurance which calls for a conveyance.

2. **Operating agreement.** The LLC's agreement, if any, does not in any way limit our authority to authorize the conveyance of the premises.

3. **Authorization of members.** I/We confirm that our interests in the LLC represent contributions to the LLC of more than 50% of the value of the total contributions made to the LLC, and that by affirmative vote, approval or consent, we have authorized the conveyance of the premises.

4. **Authorization of managers.** I/We confirm that if the management of the LLC is vested in managers, I/we constitute more than 50% of the managers.

5. **Dissolution.** Nothing has occurred by which the LLC has been dissolved, except that if any event of dissolution had occurred, either all of the remaining members have consented to the continuation of the LLC within 90 days after the event, or the operating agreement permits continuation. (If an event of dissolution has occurred and the LLC has not been continued, the event must be explained and the names of former members must be identified in the space that follows.)

6. The following are all of the members of the LLC:

\_\_\_\_\_  
\_\_\_\_\_

7. This Affidavit is made for the purpose of inducing the Title Insurance Underwriter to insure the title to said property without exception for the possible invalidity of the LLC's conveyance, and that the Affiants hereby expressly agree to indemnify and save harmless the Title Insurance Underwriter from any and all loss or damage arising from the aforementioned.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Notary Public \_\_\_\_\_ County, WI

My commission expires: \_\_\_\_\_.